

MetaBank® Opt-Out Notice for Information Sharing

Mail or Fax completed forms to the address below.

Questions? Call us at 1-800-472-5625

If you have a joint account your choice will apply to everyone on your account.	Please mark any or all actions you wish to limit:
	<input type="checkbox"/> Do not share information about my creditworthiness with your affiliates for their everyday business purposes.
	<input type="checkbox"/> Do not allow your affiliates to use my personal information to market to me.
	<input type="checkbox"/> Do not share my personal information with nonaffiliates to market their products and services to me.

Name:	_____
Address:	_____
City, State, Zip:	_____
Account number(s) or TIN:	_____

- Please mail or fax your request to:
MetaBank, c/o Emerald Financial Services, LLC, Privacy Choices
PO Box 30674, Salt Lake City, UT 84130
Fax: 1-866-446-3370
- Please understand that failure to provide all of the above requested information could result in our inability to fully ensure that we have appropriately fulfilled your opt-out request(s).