

Beacon Community Credit Union
Privacy Opt-Out

In the course of providing services to our membership, Beacon Community Credit Union (BCCU) collects and shares information about you. BCCU's privacy notice explains that nonpublic personal information about our members is shared with certain organizations on a confidential basis.

BCCU is required by law to give you the right to "opt-out" of information sharing with certain businesses, other than what is permitted by law. This means that you may direct us not to disclose information about you to certain businesses. Unless we hear from you, we may share all the nonpublic personal information about you that we collect with businesses involved in automobile and homeowner's insurance, life and disability insurance, and consumer product discounts, including financial product and or service marketing companies.

BCCU believes that these types of products and services will be of value and interest to our membership.

If you prefer that we do not disclose your personal information to these types of businesses, you may exercise yours opt-out right at any time by properly completing, signing, and mailing this form to the address shown below. We will discontinue further information sharing as quickly as possible. If you have any questions about this notice, if you would like to exercise your opt-out right, or if you've elected to opt-out previously but have changed your mind, contact our member services representatives at the address shown below:

Beacon Community Credit Union
Attn: Privacy Desk
7910 National Turnpike
Louisville, KY 40214

I have read the Privacy disclosure from Beacon Community Credit Union and I would like to exercise my right to opt-out as permitted by law. I understand that the Credit Union will treat an opt-out request from one person on an account as applying to all persons listed on the account. Please opt me out for "nonpublic personal information" on the following accounts:

Member Account Number _____

Member Name _____

Street Address _____

City, State, & Zip _____

X _____
Member Signature Date

Please complete the opt-out form and return by mail or in person to:

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