



Withdrawal of Consent

I wish to withdraw consent to use my personal information for the following purposes:
(Please check all that apply)

- To provide me with information, through communication channels including direct mail, email or telephone, about credit union products and services that Conexus Credit Union believes may be of interest to me.
- To provide me with information, through communication channels including direct mail, email or telephone, about products and services of affiliates and service suppliers that Conexus Credit Union believes may be of interest to me.
- To use my Social Insurance Number for credit matching purposes. *I understand this will not affect the provision of any credit union services to me.*
- Do not contact for research.

I understand I can change my mind regarding these privacy choices at any time by contacting Conexus Credit Union.

Name:
(Please print)

Telephone No.:

Address:

Account Number(s):

Branch:

Signature:

Date:

Please return this form to your branch, email to PrivacyOfficer@conexus.ca, or mail to:

Privacy Officer
Conexus Credit Union
PO Box 1960, Stn Main
Regina, SK S4P 4M1