



Consumer Relations
PO Box 583399
Minneapolis, MN 55458
800.513.7125

ChexSystems Permanent Opt Out Election Form

Please complete all information below to confirm your permanent opt out request. Failure to provide complete and accurate information may prevent or delay the processing of your request. If the completed form is not returned, your exclusion will expire five (5) years from the date of your original request.

Once signed, please return the form to the following address or fax number:

ChexSystems Opt Out Department
PO Box 583399
Minneapolis, MN 55458

Fax: 602-659-2197

In order to complete this form electronically, please save a copy to your computer. Complete the form, save the information and name the file. You will then have the ability to print the form and either mail or fax it to ChexSystems.

First Name _____ Middle Name _____ Last Name _____

Name Generation (Jr, Sr, etc.): _____

Current Address: _____

City, State, Postal Zip Code: _____

Complete Social Security Number: _____

Home Telephone Number: _____

By signing below, I hereby confirm my request to permanently remove my personal identifying information from the lists that ChexSystems provides to businesses that send firm (preapproved / prescreened) offers of credit or insurance.

I further understand that removing my personal identifying information from these lists does not affect my ability to apply for or obtain credit or insurance. I recognize that my information will only be removed from the lists ChexSystems provides to businesses for the purpose of making a firm offer of credit or insurance and that I may continue to receive offers from sources that do not use ChexSystems to compile their lists.

Signature

Date

I UNDERSTAND THAT I CANNOT ENCLOSE ACCOUNT DISPUTES OR OTHER REQUESTS AND THAT THESE REQUESTS MUST BE SUBMITTED DIRECTLY TO THE APPROPRIATE CREDIT REPORTING AGENCY. I UNDERSTAND THAT REQUESTS OF THIS NATURE WILL NOT BE ACTED ON IF INCLUDED WITH THIS FORM.