

Dakotaland FCU Opt Out ResponsePlease print this form, fill it out and fax to **605-352-2852**[Close this Page](#)

I am exercising my opt-out option as permitted by law.

Last Name:	Middle Name:
First Name:	Account Number:
(Note: Anyone listed on the account may elect to opt out on behalf of all account holders)	
Please list any additional account numbers for which the opt out will apply	
Additional Account 1:	
Additional Account 2:	
Additional Account 3:	
<input type="checkbox"/> All accounts on which I am listed	
Signature:	Date: