



## Reinstatement of Consent

I wish to reinstate 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 (Credit Union name) 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 (Credit Union name) believes may be of interest to me.
- To use my Social Insurance Number for credit matching purposes.

I understand I can change my mind regarding these privacy choices at any time.

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_

Account Number(s): \_\_\_\_\_ Branch: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to your branch, or mail to:

Raymore Credit Union  
Privacy Officer  
PO Box 460  
Raymore SK  
S0A 3J0

