

**FIRST NAME ON ACCOUNT**

---

Name (please print)

---

Account Number

---

Signature

---

Address

---

City/State/Zip

---

Date

**SECOND NAME ON ACCOUNT**

---

Name (please print)

---

Account Number

---

Signature

---

Address

---

City/State/Zip

---

Date

Once completed, please mail or fax  
this Opt-out Request Form to:

Framingham Co-operative Bank  
ATTN: Operations Department  
P.O. Box 9006  
Framingham, MA 01701  
Fax: (508) 872-1768