

OPT-OUT REQUEST FORM

To opt out, you may complete and sign this Form, and return it to us via U.S. Mail. Our Form is offered as a convenience to you, though you do not have to use it to submit your Opt Out, as long as you provide sufficient information and documentation for us to confirm your identity, and understand the details of your Opt Out, so that we may accurately search our database and process your Opt Out. You will not be charged a fee for this process.

To adequately search our systems, verify your identity and process your request for opt-out with MicroBilt, please provide as much of the following information as possible:

First Name: _____ Middle Name: _____ Last Name: _____

JR, SR, III, etc.: _____ Maiden Name: _____ Driver's License No. / State: _____

Social Security No.: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Current Address: _____

Home Phone No.: _____ Cell Phone No.: _____

Recent previous addresses you have had (in the past two years):

Previous Address No. 1: _____

Previous Address No. 2: _____

Please indicate the type of opt-out below (select all that apply):

☐ Preapproved/prescreened offers of credit or insurance

☐ Sharing of credit information with affiliates

☐ Direct or third-party marketing list

Important: Your request may be delayed if you fail to provide sufficient information to verify your identity, select an option above or sign your name.

Signature: _____

Date: _____

Please send your completed request to:

MicroBilt

Attn: Consumer Affairs Department

P.O. Box 440693

Kennesaw, GA 30160

Phone: 888-222-7621

Hours: Monday - Friday 8:30AM - 5:00PM ET