

FirstBank Opt Out Reply Form

Complete and return this form to the Compliance Officer in care of FirstBank at the address listed below.

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Account Number _____

Please do not share my personal information with non-affiliated third parties.

Please do not share my personal information with your affiliates.

Please do not send me marketing offers, by mail, phone, or e-mail.

Signature _____

Date _____

Compliance Officer
FirstBank
P O Box 458
Antlers, OK 74523