

Mail-in Form

Mark any/all you want to limit:

Do not share information about my creditworthiness with your affiliates for their everyday business purposes.

Do not allow your Affiliates to use my personal information to market to me.

Do not share my personal information with non affiliates to market their products and services to me.

Name

Address

City, State, Zip

Account No.

Mail To:

Opt+® Prepaid Visa® Debit Card
Attention: Legal Department
P.O. Box 319
Maize, KS 67101

Call:

1-866-331-3063