



## Opt-Out Form

Do not share my personal information for the bank's joint marketing with other financial companies.

Complete and return this form ONLY if you wish to opt-out of our sharing. Please write legibly so we can honor your opt-out request.

**Mail To:**  
Embassy National Bank  
Attn: Retail Banking  
1817 North Brown Rd.  
Lawrenceville, GA 30043

Name

Address

City, State, Zip

Last four digits of account