

Mail-in Form

If you have joint accounts, your choice(s) will apply to everyone on your accounts.

Please note: If you have previously informed us of your preference, you do not have to do so again.

Mail to:

TowneBank
Attn: Compliance Department
P. O. Box 2818
Norfolk, VA 23501-2818

Check here if you do not want TowneBank and its family of companies to share personal information about you, as outlined below:

- For TowneBank marketing purposes to offer products and services to you.
- For joint marketing with other financial companies to offer products and services to you.
- For Towne affiliates' everyday business purposes (specifically your creditworthiness).
- For Towne affiliates' marketing purposes to offer additional products or services to you.

Full Name: _____
(Please print your name as it appears on your account statement)

Street Address: _____

City, State, Zip: _____

Telephone Number: (____) _____
(We will contact you if we have questions regarding this request)

Please check below which companies you utilize:

- Bank
- Insurance
- Investment
- Mortgage
- Real Estate
- Title