



MEMBER OPT-BACK-IN

CONSENT FORM

Please complete the information below to confirm your consent to receive communications.

MEMBER INFORMATION

Full Name	
Email Address	
Phone (optional)	
Member Account (if applicable)	

CONSENT TO OPT BACK IN

Please read and check the box below:

☐	I confirm that I want to opt back in to receive communications, updates, and marketing emails from Memorial Credit Union. I understand that this includes newsletters, announcements, promotions, and other relevant information.
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DISCLOSURE & AUTHORIZATION

- I give explicit permission to Memorial Credit Union to send me marketing communications via email (and other channels if provided).
- I understand that my personal information will be stored securely and used only for communication and membership-related purposes as outlined in the organization's Privacy Policy.
- I understand I may withdraw consent at any time by clicking the unsubscribe link in emails or by contacting Memorial Credit Union directly.
- I acknowledge this form complies with applicable data protection laws, including GDPR, CCPA, and other consent requirements.

SIGNATURE & DATE

Signature	Date

Electronic completion: Typing your name above constitutes your electronic signature and indicates that you consent to receive communications as stated.