

## Marketing Form

To limit marketing offers, check the box below and return the form to us.

Please do not use information about me within your family of companies for marketing purposes (except as permitted or required by law).

To complete your request, please provide us with the following. Please print legibly.

My Name:

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My Account Number:

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My Street Address:

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City:

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State:    Zip:

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My Phone Number:

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If you have checked the box, either mail this form in a stamped envelope to:

**Citizens Bank**

**PO Box 42020**

**Providence, R.I. 02940-2020**

**or call us at 1-877-229-6430.**