

## Opt-Out Form

For your convenience, please fill out this form and return it to any Gateway Metro branch, or mail it to Gateway Metro Federal Credit Union at 1001 Pine Street, St. Louis, MO 63101.

Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**I wish to opt-out of Gateway Metro Debit Card Assurance. Should my Visa Debit Card be lost, stolen, damaged, or compromised, I understand that I am responsible for the cost of my replacement card.**

Signature \_\_\_\_\_