



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 information. Please print legibly.

My Name: _____

My Account Number: _____

My Street Address: _____

City, State, Zip: _____

My Phone Number: _____

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

**Citizens Bank
P. O. Box 42020
Providence, RI 02940-2020**

or

call us at 1-877-229-6430

Your election will apply to all the personal accounts you have with our family of companies. If you have a joint account, we will treat a request by one party to the account as applying to all parties to the account. Your request will apply to accounts that each joint account holder has in his or her own name and any accounts the joint account holders have with each other. We will process the selections made on your Marketing Form within a reasonable time after receipt. *However*, please note that you may continue to receive offers in process before your request was received and processed by us.