

Opt Out Request Form

If you wish to opt out by mail, please complete the information below and return this form to High Point Bank, PO Box 2270, High Point, NC, 27261, Attn: Customer Support Center.

By signing below, I request to opt out of information sharing within the High Point Bank Group (High Point Bank, High Point Bank Corporation and The Argus Group, Inc. including Robbins & Weill, Virginia Carolina Group and Argus Insurance).

Sharing Opt Out

_____ Please check if you wish to opt out of information sharing within the High Point Bank Group.

Marketing Opt Out

_____ Please check if you do not want to allow any company in the High Point Bank Group to use your personal information to market to you.

Printed Name _____

Account Number(s) _____
(last four digits only)

Signature _____

Date _____