## BANKRUPTCY PERIODIC STATEMENT OPT-OUT



I am requesting to stop monthly Periodic Statements on the mortgage account below:

Name:	Street Ad	ldress:	City, State, ZIP Code:	
Mortgage Account N	lumber:			
Daytime Phone Num	iber:	e Number:		
	count. I understand that		ng me monthly periodic statements rel o start receiving monthly periodic state	
Borrower Signature			Date	
Co-Borrower Signature			Date	
If you wish to stop mon form and return it to SL			e-referenced account, please complete	e this
	SLS Fax Number: SLS Mailing Address:	P.O. Box 636005		
	SLS Email Address:	Littleton, CO 80163-6005 customer.support@sls.net		