



Opt-Out Form

Please complete and return this form **ONLY** if you would like to opt out of having your child automatically enrolled in the Cass Kickstart To Careers Child Savings Account (CSA) Program.

OPT-OUT FORM

- I/We choose to NOT participate (opt out) of the Cass Kickstart To Careers Child Savings Account (CSA) program.

Student Name: _____

Parent or Guardian Signature

Date

Parent or Guardian Printed Name

Optional: Please let us know why you have elected not to participate in the automatic enrollment of your child in the Cass Kickstart To Careers Child Savings Account (CSA) Program.

If you have any questions, please contact us at info@casskickstart.com.

FOR OFFICE USE ONLY

Date Received

Received By