[First and Last Name]
[Street Address]
[City, State Zip]

[Month Day, Year]

Chase Customer Service
P.O. Box 15298
Wilmington, DE 19850-5298

**Re: Rejection Notice for Binding Arbitration Agreement**
To Whom It May Concern:

I REJECT the Chase Binding Arbitration Agreement. Please confirm receipt of this rejection. My name, account number, billing address, and personal signature are below.

Name: [First and Last Name]
Account/Card Number(s): [XXXX-XXXX-XXXX-XXXX]
Billing Address: [Street, City, State Zip]

Signature:

[Include Signature Above]