ID TheftSmart

Enrollment Form

I authorize Ipava State Bank to debit my Account #_____
in the amount of _____ on the_____day of each month starting _____ for my enrollment in the ID TheftSmart Service.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Terms and Conditions

Ipava State Bank disclaims all express or implied warranties or representations of any kind or nature whatsoever of its merchantability of the ID TheftSmart program provided by Kroll. You specifically agree, on your behalf and on behalf of your heirs, executors, and assigns, not to bring any legal action in any federal or state court or other court of law or equity against Ipava State Bank under any theory of liability and further agree to indemnify and hold Ipava State Bank harmless.

Ipava State Bank may cancel your membership at any time due to non-payment. If the account that is charged for the fee is closed, the membership may be cancelled. You will have to sign up again if you reopen the account. You may cancel membership to this program at any time by written notification to Ipava State Bank.

I understand that I have received the Terms and Conditions and I am enrolling as an individual in the above selected ID TheftSmart option and that any other person related or affiliated to me must complete a separate enrollment. I do understand that with my enrollment in a credit monitoring program the authentication of my identity is required before any alerts can be sent.

_____ _____

Customer Signature Date

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OFFICE USE ONLY

Monthly charge _____set up by: _____ Date: _____
UBB Set up by: _____ Date: _____

MEMBER ID: _____

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CLOSED DATE: _____ REASON: _____

UBB deletion by: _____ Date: _____
Monthly charge deletion by: _____ Date: _____