ID TheftSmart

Enrollment Form

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

Monthly chargeset up by:Date: UBB Set up by:Date:
MEMBER ID:

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