



Membership No. _____

Instructions:

Complete this form and return it to Sanborn Savings Bank. Upon receipt we will process your enrollment and may contact you to confirm your enrollment. Feel free to contact us at 712-930-3211 or 800-409-8455 if you have any questions.

ENROLLMENT			
Last Name		First Name	Middle Name
Physical Address		City	State Zip
Date of Birth		Social Security Number	
Phone Number		Email Address	

Select an Option	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3 (Adult enrolled in Option 1 or 2)
Who is Covered	Individual Applicant for Credit Monitoring (single bureau)	Individual Applicant for Credit Monitoring (triple bureau)	Minor Monitoring (up to 4 children under age 18 of primary member enrolled)
Services Provided	Credit Bureau Monitoring Identity Theft Counseling and Restoration	Credit Bureau Monitoring Identity Theft Counseling and Restoration	Monitoring of Child's Social Security Number Identity Theft Counseling and Restoration
Added Services	Notification of: New accounts opened Payment delinquencies Credit inquiries Public record changes Change of address	Notification of: New accounts opened Payment delinquencies Credit inquiries Public record changes Change of address	Notification of: Unauthorized Names Aliases Addresses Credit Files Fraudulent Credit Header Data
Cost to Customer	\$5.00 Per Month	\$8.00 Per Month	\$5.00 Per Month

Sanborn Savings Bank and its employees, agents, or any of its affiliated or related organizations disclaims all express or implied warranties or representations of any kind or nature whatsoever of its merchantability of the ID TheftSmart™ Consultation/Restoration program provided by Kroll Advisory Solutions. 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 Sanborn Savings Bank or any of its affiliated or related organizations under any theory of liability and further agree to indemnify and hold Sanborn Savings Bank and its affiliated or related organizations harmless. These Terms and Conditions and your access to, use and browsing of the credit monitoring site are governed by Iowa law without regard to its conflict of law provisions.

Sanborn Savings Bank may cancel your membership at any time due to non-payment. We will provide you with notification prior to cancellation. You may cancel membership to this program at any time by written notification to Sanborn Savings Bank. You do understand that with your enrollment in a credit monitoring program the authentication of your identity is required before any alerts can be sent.

TO BE COMPLETED AND SUBMITTED BY CUSTOMERS OF SANBORN SAVINGS BANK

I understand that Sanborn Savings Bank will retain this form. I further understand that I am enrolling as an individual and that any other person related or affiliated to me must complete a separate enrollment. I acknowledge that the account listed below will be debited on a monthly basis for my enrollment in the plan I have chosen above. Finally, I understand that I may cancel my enrollment at any time by notifying Sanborn Savings Bank in writing.

Monthly Fee for Option(s) Selected \$_____ on the 5 th of each month	Account Number to Withdraw Fee: Checking Account Number: _____ or Savings Account Number: _____
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Signature	Date
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