



**Instructions:**

Complete this form and return it to The First State Bank of Bigfork. Upon receipt we will process your enrollment and may contact you to confirm your enrollment. Feel free to contact us at 218-743-3145 if you have any questions.

**ENROLLMENT**

Last Name		First Name		Middle Initial	
Physical Address		City		State	Zip
Contact Phone Number		Email Address			

<b>Please select an Option</b>	<input type="checkbox"/> <b>Option 1 Recovery – ID Management Services</b>	<input type="checkbox"/> <b>Option 2 Single Bureau Credit Monitoring</b>	<input type="checkbox"/> <b>Option 3 Triple Bureau Credit Monitoring</b>
Who is Covered	Individual (minors included)	Individual	Individual
Services Provided	Identity Theft Counseling and Restoration	Single Credit Bureau Monitoring with Experian Credit Bureau and Identity Theft Counseling and Restoration	Credit Bureau Monitoring with TransUnion, Experian and Equifax credit bureaus and Identity Theft Counseling and Restoration
Added Services	None	Notification of: <input checked="" type="checkbox"/> New accounts opened <input checked="" type="checkbox"/> Payment Delinquencies <input checked="" type="checkbox"/> Credit Inquiries <input checked="" type="checkbox"/> Public Record Changes <input checked="" type="checkbox"/> Change of Address	Notification of: <input checked="" type="checkbox"/> New accounts opened <input checked="" type="checkbox"/> Payment Delinquencies <input checked="" type="checkbox"/> Credit Inquiries <input checked="" type="checkbox"/> Public Record Changes <input checked="" type="checkbox"/> Change of Address
Cost to Customer	\$2.00/ Month Per Person	\$5.00/ Month Per Person	\$7.00 /Month Per Person*
Method of receiving notifications		<input type="checkbox"/> Email <input type="checkbox"/> Standard Postal Mail	<input type="checkbox"/> Email

The First State Bank of Bigfork 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 The First State Bank of Bigfork or any of its affiliated or related organizations under any theory of liability and further agree to indemnify and hold The First State Bank of Bigfork 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 Minnesota law without regard to its conflict of law provisions.

The First State Bank of Bigfork may cancel your membership at any time due to non-payment. If you enroll in services but do not authenticate your account for 2 months, we will cancel your membership. If the account that is charged is closed, the membership will be cancelled unless a new account number is provided. We will provide you with notification prior to cancellation. You may cancel membership to this program at any time by written notification to The First State Bank of Bigfork. 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 THE FIRST STATE BANK OF BIGFORK

**I understand that The First State Bank of Bigfork 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 for credit monitoring. 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 The First State Bank of Bigfork in writing.**

Monthly Fee for Option Selected \$ _____	Account Number to Withdraw Fee From Checking Account Number _____ or Savings Account Number _____
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Signature	Date
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