



Customer(s) Name:	
Address & Ph #	
Social Security #	

Please choose from the following three options available to you:

	Option 1 (Identity Mgmt. Service)	Option 2 (Credit Monitoring)	Option 3 (Credit Monitoring)
Coverage:	Individual	Individual	Individual
Services:	ID Theft Counseling ID Theft Restoration	ID Theft Counseling ID Theft Restoration	ID Theft Counseling ID Theft Restoration
Monitoring:	Self-Monitoring	Experian Credit Bureau	TransUnion Credit Bureau Experian Credit Bureau Equifax Credit Bureau
Added Services:	None	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
Cost:	\$2.00/month per individual	\$5.00/month per individual	\$7.00/month per individual
Option Choice: (Place X in box)			
Notifications via: US Mail or Email address provided	N/A		(Email only)
Account # to be charged for monthly fee Fee will be debited on the 15 th of each month		Acct #	Checking or Savings
		Bank Routing #	

Audubon 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 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 Audubon State Bank under any theory of liability and further agree to indemnify and hold Audubon State Bank harmless. These Terms and Conditions and your access to, use and browsing of the Site are governed by Iowa law without regard to its conflict of law provisions.

Audubon State Bank may cancel your membership at any time due to non-payment. You may cancel membership to this program at any time by written notification to Audubon State 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.

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 understand my account will be debited a monthly amount based on the option I choose.

Primary Owner Signature

Date

Secondary Owner Signature

Date

PLEASE DROP OFF AT AUDUBON STATE BANK OR MAIL TO: PO BOX 149, AUDUBON, IA 50025-0149 ATTN: NEW ACCOUNTS

OFFICE USE ONLY

Monthly Charge \$ _____ Set up by _____ Date _____

UBB Set up by _____ Date _____

ID TheftSmart Member Number _____

Closed Date _____ Reason _____

UBB deletion by _____ Date _____

Monthly Charge deletion by _____ Date _____