

ID TheftSmart Enrollment Form

I authorize Westside State Bank to debit my DDA Account # _____
or Savings Account # _____ in the amount of \$ _____ on the _____ day of
each month for my enrollment in the ID TheftSmart Service.

Name: _____

Address: _____

City/State/Zip: _____

Landline: _____

Cell: _____

Email: _____

Terms and Conditions

Westside 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 Westside State Bank under any theory of liability and further agree to indemnify and hold Westside State Bank harmless.

Westside 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 Westside 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

OFFICE USE ONLY

Portfolio Number: _____
Monthly charge \$ _____ set up by: _____ Date: _____
UBB Set up by: _____ Date: _____

MEMBER ID: _____

CLOSED DATE: _____ REASON: _____

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

ID TheftSmart

Available Products

	OPTION 1 (Recovery—Identity Mgmt. Service)	OPTION 2 (Single Bureau Credit Monitoring)	OPTION 3 (Triple Bureau Credit Monitoring)
Coverage	Household	Primary Acct Holder	Primary Acct Holder
Services	ID Theft counseling ID Theft Restoration	ID Theft counseling ID Theft Restoration	ID Theft counseling ID Theft Restoration
Monitoring	Self-Monitoring	Experian	TransUnion Credit Bureau Experian Credit Bureau Equifax Credit Bureau
Add'l 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 to customer (for Primary Acct holder signed up)	\$3.00 per month	\$6.00 per month	\$8.00 per month

ID THEFT SMART PROGRAM
SUGGESTED PROCEDURES

