



Member ID# _____

FIRST UNITED BANK

ENROLLMENT

Last Name		First Name		Middle Initial
Address		City	State	Zip
Contact Phone Number		Email Address (For Option 2 only)		

Please select an Option	<input type="checkbox"/> ID TheftSmart (Consultation/Restoration)	<input type="checkbox"/> ID TheftSmart Plus (Credit Monitoring)
Who is Covered	Individual (minors included)	Individual Applicant for Credit Monitoring
Services Provided	Identity Theft Counseling and Restoration	Credit Bureau Monitoring and Identity Theft Counseling and Restoration
Added Services	None	Notification of: New accounts opened Payment delinquencies Credit inquiries Public record changes Change of address
Cost to Customer	\$2/Month Per Individual	\$4/Month Per Individual
Method of receiving notifications		<input type="checkbox"/> Email <input type="checkbox"/> Standard Postal Mail

First United 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 First United Bank or any of its affiliated or related organizations under any theory of liability and further agree to indemnify and hold First United 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 North Dakota law without regard to its conflict of law provisions. First United 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 First United 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 FIRST UNITED BANK

I understand that First United 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 First United Bank in writing.

Monthly Fee for Option Selected \$ _____	Account Number to Withdraw Fee From <input type="checkbox"/> Checking Account No. _____ or <input type="checkbox"/> Savings Account No. _____
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Signature	Date
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*Individuals under 18 years old require a parent/guardian's signature.