



Membership No.

**Instructions:**

Complete this form and return it to **First United Bank of Park River**. Upon receipt we will process your enrollment and may contact you to confirm your enrollment. Feel free to contact us at 701-284-7244 if you have any questions.

ENROLLMENT				
First Name		Last 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</b>	<input type="checkbox"/> <b>Option 2</b>	<input type="checkbox"/> <b>Option 3</b>	Notes
Who is Covered	Individual Application for <b>Consultation/Restoration services</b> (includes minor children in the household)	Individual Application for <b>Single Bureau Credit Monitoring</b>	Individual Application for <b>Single Bureau Credit Monitoring+Minor Monitoring (Minor Monitoring includes monitoring for up to four minors)</b>	
Monitoring Provided	N/A	Experian Credit Bureau	Experian Credit Bureau	
Added Services	Consultation and restoration services provided by Kroll's Licensed Private Investigators in response to fraud and identity theft related issues.	Notification of: <ul style="list-style-type: none"><li>• New accounts opened</li><li>• Payment delinquencies</li><li>• Credit inquiries</li><li>• Public record changes</li><li>• Change of address</li><li>• Plus additional categories*</li></ul> Consultation and restoration services provided by Kroll's Licensed Private Investigators in response to fraud and identity theft related issues	Notification of: <ul style="list-style-type: none"><li>• New accounts opened</li><li>• Payment delinquencies</li><li>• Credit inquiries</li><li>• Public record changes</li><li>• Change of address</li><li>• Plus additional categories*</li></ul> Monitors minors' social security number for names, addresses, and credit files associated with their name  Consultation and restoration services provided by Kroll's Licensed Private Investigators in response to fraud and identity theft related issues	
Monthly Cost	\$3/Month	\$5/Month	\$8/Month	
Method of receiving notifications		Email Address:	Email Address:	*See member materials for additional monitoring categories

First United Bank of Park River 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™ program provided by Kroll Advisory Solutions. You specifically agree, on your behalf and on behalf of your heirs, executors and assignees, not to bring any legal action in any federal or state court or other court of law or equity against First United Bank of Park River or any of its affiliated or related organizations under any theory of liability and further agree to indemnify and hold First United Bank of Park River 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.

We 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 us. I do understand that with my enrollment in a credit monitoring program my information will be securely transmitted to the credit bureaus, and the authentication of my identity is required before any alerts can be viewed. Our privacy policy protects the privacy of your personal identifying information that you provide us.

**I understand that First United Bank of Park River 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 of Park River in writing.**

Monthly Fee for Option(s) Selected	Account Number to Withdraw Fee From
\$ _____	Checking Account _____ or
	Savings Account No. _____

Signature	Date
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