



Membership No. _____

Instruction:

Complete this form and return to Raccoon Valley Bank. Upon receipt, we will process your enrollment and may contact you to confirm your enrollment. Feel free to contact us at 515-465-3521 if you have any questions.

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

Select Option	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input type="checkbox"/>
Plan Options	Single Bureau Credit Monitoring	Single Bureau+idINTEGRITY	Minor Monitoring Add-On
Plan Description	Notification of: <ul style="list-style-type: none"> New Accounts Opened Payment Delinquencies Credit Inquiries Public Record Changes Changes of Address Eight Additional Categories 	Single Bureau+idINTEGRITY Plus: <ul style="list-style-type: none"> Address Aware- Monitors address history at USPS Public Persona- Monitors credit header data Web Watcher- Provides dark web scanning of member's chosen personal information 	Notification of Unauthorized: <ul style="list-style-type: none"> Names Aliases Addresses Credit Files Fraudulent Credit Header Data ***Must have Single Bureau or Single Bureau+idINTEGRITY***
Added Services	Consultation and restoration services provided by Kroll's Licensed Private Investigators in response to fraud and identity theft related issues.	Consultation and restoration services provided by Kroll's Licensed Private Investigators in response to fraud and identity theft related issues.	Consultation and restoration services provided by Kroll's Licensed Private Investigators in response to fraud and identity theft related issues.
Monthly Cost	\$5.00/Month	\$9.00/Month	Additional \$4.00/Month
Method of Notifications	Email Address:	Email Address:	Email Address:

Raccoon Valley 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™ 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 Raccoon Valley Bank or any of its affiliated or related organizations under any theory of liability and further agree to indemnify and hold Raccoon Valley 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 Iowa law without regard to its conflict of law provisions. Raccoon Valley 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 Raccoon Valley bank. I do understand that with my enrollment in a credit monitoring program my information will be securely transmitted to the credit bureaus, and the use of my identity is required before any alerts can be viewed. Our privacy policy protects the privacy of your personal identifying information you provide us.

TO BE COMPLETED AND SUBMITTED BY CUSTOMERS OF RACCOON VALLEY BANK

I understand that Raccoon Valley 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 Raccoon Valley Bank in writing.

Monthly Fee for Option(s) Selected:	Account Number to Withdraw Fee From: Checking Account _____ Savings Account _____
Signature:	Date: