



Protecting your good nameSM

Identity Theft Protection



ENROLLMENT FORM

Please complete and return to the address shown below.

Please select: **Single** (545000) **Joint (with spouse)** (545001)

Name _____
First M.I. Last

Spouse Name _____
First M.I. Last

Address _____ City _____

State _____ Zip code _____

Phone _____ Alt. Phone _____

Email _____

Monthly Payment Options:

Checking Auto-withdrawal

Your Community Bank Routing #: 283071827 Your Community Bank Checking Account #: _____

Credit/Debit Card

Card Type: Visa Mastercard AMEX Discover

Card Number: _____ Exp. ____/____

Card Verification Number: _____ (Visa/Mastercard: 3-digit code located on back of card. AMEX: 4-digit code located on front of card.)

Signature X _____ **Date** ____/____/____

By signing and returning this Enrollment Form to the Plan Administrator, I hereby enroll in Privacy Matters risk-free for 30 days. I understand that my Privacy Matters membership will be continued automatically after the 30-day trial period unless cancelled by me, a one time processing fee of \$4.95 and the monthly membership fee (\$9.95 for individual, \$14.95 with spouse) will be debited automatically each month from my Your Community Bank account or Credit/Debit Card for as long as I remain a member. I understand I am providing the information on this form directly to the Plan Administrator, to activate my membership. I also authorize Your Community Bank or its agent to arrange monthly debits of the membership fee, payable to the Plan Administrator, from my Your Community Bank account until I cancel by calling the toll-free customer service number. The Plan Administrator is not affiliated with Your Community Bank.

Please send this form by:

Mail:
Your Community Bank
Attention: ID Theft Project Manager
101 W. Spring St.
New Albany, IN
47150

Fax:
812-949-6870

Internal Use Only

