



Membership No. _____

Instructions:

Complete this form and return it to Security First Bank of North Dakota. Upon receipt we will process your enrollment and may contact you to confirm your enrollment. Feel free to contact us at 701-794-8758 if you have any questions.

ENROLLMENT

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

Please select an Option	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2
Who is Covered	Individual (minors included)	Individual Applicant for Credit Monitoring Household for Identity Theft
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	\$2.95/ Month Per Household	\$8.95 /Month Per Person*
Method of receiving notifications		<input type="checkbox"/> Email

Security First Bank of North Dakota 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 Security First Bank of North Dakota or any of its affiliated or related organizations under any theory of liability and further agree to indemnify and hold Security First Bank of North Dakota 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. Security First Bank of North Dakota 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 Security First Bank of North Dakota.

TO BE COMPLETED AND SUBMITTED BY CUSTOMERS OF SECURITY FIRST BANK OF NORTH DAKOTA

I understand that Security First Bank of North Dakota 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 for credit monitoring. 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 Security First Bank of North Dakota in writing.

Monthly Fee for Option Selected \$ _____	Account Number to Withdraw Fee From Checking Account No. _____ or Savings Account No. _____
Signature	Date