



**IDENTITY THEFT – GROUP RECOVERY PROGRAM  
OPT-OUT AND OPT BACK IN FORM**

PURPOSE: Use this form when you want to change your options under the Identity Theft – Group Recovery Program. Please complete questions 1 and 2 and sign and print your name below.

1. MY CHECKING ACCOUNT NUMBER IS: \_\_\_\_\_

2. IS THIS A JOINT ACCOUNT?       YES       NO

**OPT-OUT**

I/We do not want to participate in the Identity Theft – Group Recovery Program, I/we understand that I/we will no longer be covered by under this program and will no longer be charged the \$1.50 monthly fee.

\_\_\_\_\_  
ACCOUNT HOLDER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JOINT ACCOUNT HOLDER SIGNATURE

\_\_\_\_\_  
DATE

**OPT BACK IN**

I/We have changed our minds and want to enroll in the Identity Theft – Group Recovery Program. I/We agree to pay the monthly \$1.50 Identity Theft Service Fee.

\_\_\_\_\_  
ACCOUNT HOLDER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JOINT ACCOUNT HOLDER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF MEMBER

\_\_\_\_\_  
DATE