



Membership	No.:
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Serving Customers Since 1886

Instructions: Complete this form and return it to **The Citizens National Bank of McConnelsville**. Upon receipt, we will process your enrollment and may contact you for confirmation. Please call (740) 962-4565 if you have any questions.

process your er	nrollment and may contact	•		e Call (740) 9	76Z-4363 II Y	ou nave	any quesilons.
Lord Name			ENROLLMENT First Name			A Aid all a loitial	
Last Name		First Name				Middle Initial	
Physical Address		City			State		Zip
Contact Phone Number		Email Address			1		
Please select an Option	□ Option 1	□ Option 2			☐ Option 3		Notes
Who is	Individual Application for Consultation/Restoration			Individual Application for			
Covered	services				TEGRITY Sco e Bureau Cr		
	35.11.553			-	Monitoring	ean	
Monitoring	N/A	Monitoring and scanning of			Experian Credit Bureau		
Provided		non-credit related personal identifiable information			Equifax Credit Bureau		
Added				_	TransUnion Credit Bureau Notification of:		
Added Services	Consultation and restoration services	*Address Aware-Monitors address history at USPS			on or: ccounts oper	ned	
30141003	provided by Kroll's	*Public Persona-Monitors credit			 Payment delinquencies 		
		Licensed Private Investigators in Representations forward and the second secon		 Credit i 			
					ecord chang	jes	
	response to fraud and				aorios		
	identity theft related	Chosen perso	chosen personal information Plus additional cate		gones		
	issues.	+Consultation/Restoration		+Consul	+Consultation/Restoration		
Monthly Cost	\$2.99/Month	\$6.99/Month Per Person			/Month Per P		
Method of		Email Address:		Email Add	Email Address:		
receiving notifications							
The Citizens National Bank of McConnelsville 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 The Citizens National Bank of McConnelsville or related organizations under any theory of liability and further agree to indemnify and hold The Citizens National Bank of McConnelsville and its affiliated or related organizations hamnless. These Terms and Conditions and your access to, use and browsing of the credit monitoring site are governed by Ohio law without regard to its conflict of law provisions. The Citizens National Bank of McConnelsville may cancel your membership at any time due to non-payment. We may or may not provide you with notification prior to cancellation. You may cancel membership to this program at any time by written notification to The Citizens National Bank of McConnelsville. 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 The Citizens National Bank of McConnelsville 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							
chosen above of McConnelsy	that the account listed be. Finally, I understand that I ville in writing. or Option(s) Selected	may cancel n	ny enrollment	at any time			
141011111111 1 GG 10				Referring Employee:		: :	
		DDA Account:			2 2 3 2 7 3 3.		
\$		Savings Account:					
Signature		l	Da	ıte			
13.13.13							