



Member Name (Required) _____ (PLEASE PRINT)

CASECU account to Debit/Withdrawal (Required) _____ Savings ☐ Checking ☐

Email Address (Required) _____

I authorize CASE Credit Union to debit \$6.99 from my account on the 15th day of each month to purchase Deluxe PROVENT Family ID Protect PlusSM services provided by Deluxe PROVENT Identity Theft Protection®. The funds must be available in the designated savings/checking account at the time of debit for services. In the event that funds are not available you will be removed from the program and must re-apply for service.

The terms and conditions of the Deluxe Provent Identity Theft Protection® services can be reviewed at www.deluxeprovent.ezshield.com. I understand Deluxe PROVENT Identity Theft Protection® will notify me via email of activation of this service. Only at this time will the service be in full effect. Activation may take up to seven (7) business days. I understand that I may cancel this service at any time. I understand a cancellation request must be in writing and received by the credit union and will become effective the last day of the month of last full payment for services.

I agree to hold CASE Credit Union harmless for any liability, damages or adverse action of any kind that results directly or indirectly from the purchase of the Deluxe PROVENT Family ID Protect PlusSM provided by Deluxe PROVENT Identity Theft Protection®.

Signature: (Required) _____ Date: (Required) _____

Employee receiving form: (Required) _____ Date: (Required) _____

Cancel IDFP Protection and Auto debit

Signature: _____ Date: _____

Employee receiving form: _____ Date: _____