



Sontiq™ Identity Restoration Service (formerly CyberScout) Enrollment Form

Yes! Enroll me and my household family in Sontiq Identity Restoration Service through Woodsville Guaranty Savings Bank. I understand that I will pay a membership fee of \$1 per month, with the amount deducted from my Woodsville Guaranty Savings Bank checking or statement savings account (if you do not currently have a checking or savings account, please contact us or open online today!).

NAME(S) ON ACCOUNT (to be charged):

ADDRESS: _____

TELEPHONE: _____

BY SIGNING BELOW, THE UNDERSIGNED HEREBY ACKNOWLEDGE(S) RECEIPT OF A COPY OF THIS AGREEMENT*:

Signature Date

Signature Date

INSTRUCTIONS: Please drop off completed form at any Woodsville Guaranty Savings Bank office or mail to: WGSB, Attn: Operations Dept., P.O. Box 266, Woodsville, NH 03785.

**Should the membership dues change, I/we will be notified in writing at least 30 days prior to the rate change. I/We understand that this authorization will remain in effect unless cancelled by me/us in writing to Woodsville Guaranty Savings Bank.*

-----**BANK USE ONLY**-----

Received by: _____ Date: _____ Enroll date: _____ Enroll Charge Acct: _____

TRANSFER-NEW

Description: Identity Restoration Services Fee Credit to: G/L 7065 00 Next Transfer Date: _____
(Enroll Date MM+1/10/YYYY)

Next Transfer Amount: \$1.00 Entered by: _____ Date: _____ Verified by: _____