



Yes! Enroll me and my household family in Woodsville Guaranty Savings Bank's Identity Theft Resolution Services for only \$1.00 per month (\$12.00 per year.) I authorize the deduction of my monthly membership dues from my Woodsville Guaranty Savings Bank account.

(If you do not have a checking or statement savings account, please call us and let us help you open one today.)



Protecting Identities. Enhancing Reputations.

NAME(S) ON ACCOUNT _____

ADDRESS _____

TELEPHONE _____

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

_____ DATE

_____ DATE



INSTRUCTIONS: Please drop the completed form off at any Woodsville Guaranty Savings Bank office or mail it to: Woodsville Guaranty Savings Bank, Attn: R. Woods, P.O. Box 226, Woodsville, NH 03785-9989.

* 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: _____

ADDITIONAL INFORMATION

ID Theft 911 Enroll Date: _____

ID Theft 911 Charge Account: _____

TRANSFER-NEW

Description: ID Theft 911 Service Fee

Credit to Account Type: General Ledger

Credit to Account: 7065__ __00

Next Transfer Date: _____

(Enroll Date MM+1/10/YYYY)

Next Transfer Amount: \$1.00

Entered By: _____ Date: _____

Verified By: _____

