



**LifeStages from CyberScout (formerly ID Theft 911)  
Enrollment Form**

**Yes!** Enroll me and my household family in CyberScout’s LifeStages identity management services 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: ID Theft 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: \_\_\_\_\_