

Commercial Bank and Trust Company

Guarding U Membership Enrollment

Account #: _____
Account Name: _____ Co-owner Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Member acknowledges receipt of program membership materials and all insurance disclosures. Member agrees to the terms of the insurance coverage, other services, any applicable monthly membership dues, and any announced changes in fees or services. This program includes Identity Theft Insurance as described in the Benefit Summary certificate.

Your membership and all benefits offered therein will become effective when this membership agreement is signed and presented to the Financial Institution (FI) or plan administrator. Unless you discontinue your membership, it will automatically continue for the applicable monthly fee. Your membership benefits including the insurance, will end of the first day of the month following failure to pay any required monthly dues or termination of either your membership or the policy. You may cancel your membership at any time by completing a Waiver of Benefits form, which may be obtained from your FI. Your coverage is subject to the terms and conditions of the policy which details exclusions, limitations, and reductions of benefits. You will receive a detailed certificate in your membership kit.

As the signor of this membership enrollment, you and any co-owner(s) are enrolled as members of Financial Services Association (FSA). By signing, you authorize your FI and/or plan administrator to debit your account at your FI for your monthly membership dues, if applicable. A portion of the monthly membership dues, if applicable, will be used to pay your insurance premium to the plan administrator. This agreement is the property of FSA. Member agrees to any applicable monthly membership dues and any announced changes in fees or services.

Insurance Disclosure: *The insurance offered is not a deposit, not FDIC insured, not an obligation of or guaranteed by the Financial Institution or an affiliate, and not insured by an agency of the U.S*

By signing this form, I am authorizing Commercial Bank & Trust Co. to debit my account monthly for the \$4.95 membership fee for the Guarding U program.

Member Signature: _____ Date: _____

*** FOR FINANCIAL INSTITUTION USE ONLY ***	
Program Name: Guarding U	Enrollment Date: _____
	Employee Name: _____

Please drop this application off at your nearest Commercial Bank location to receive your membership packet, or mail to:

Commercial Bank & Trust Company
Attn: Nancy Allen
P.O. Box 1000
Paris, TN 38242

Upon receipt of your signed application by mail, a Guarding U membership packet will be mailed to you.