

Return Address

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**Independent Farmers Bank**  
**PO Box 128**  
**Maysville, MO 64469**

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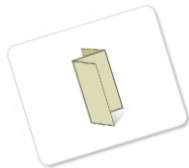
## PROTECT YOURSELF FROM IDENTITY THEFT

By completing and returning this form, you are signing up for the Independent Farmers Bank Identity Theft Protection/Credit Monitoring Program for yourself and your spouse (if you enter their name below). You are also agreeing to have the \$10.95 monthly fee for you or \$18.95 for you and your spouse (if you enter their name below) automatically debited from your account.

<u>Customer's First Name</u>		<u>Customer's Last Name</u>	
<u>Street Address</u>		<u>P.O. Box</u>	
<u>City</u>	<u>State</u>	<u>Zip</u>	
<u>Primary Customer Phone</u>		<u>Primary Customer Email address</u>	
<u>Signature</u>		<u>Date</u>	

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### Instructions



← Fold this form as shown in the picture along the dotted lines and place in an envelope or tape it shut ***with your information enclosed on the inside fold for privacy***, then mail it to the address shown at the top of the page or drop it by.

Taping the corners of the folded form will increase the likelihood that your enrollment will reach us.

