



SHELBY COUNTY STATE BANK

SHELBYVILLE, ILLINOIS

Application for ID TheftSmart

Applicant _____
 Address _____ Apt. No. _____
 City, State, Zip Code _____
 Home Phone _____ Cell Phone _____
 Date of Birth _____
 Social Security # _____
 E-mail Address _____

I hereby authorize Shelby County State Bank to withdraw \$2.00 from my checking or savings account # _____ on a monthly basis.

*Coverage will become effective on the first day of the month, following the date your application is received by Shelby County State Bank.

Signature _____ Date _____

**You have the option to discontinue this service at any time by submitting your request in writing.*

Office Use Only

Member ID # _____

Precision _____ IT Department _____ Member ID _____
 Mail Date _____

If it's important to you...it's important to us