



**SHELBY COUNTY
STATE BANK**

COMMUNITY BANKING EXPERTS SINCE 1895

ID THEFTSMART

Applicant: _____

Address: _____

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: _____
(Required)

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

For Office Use Only:

Member ID # _____

Precision: _____ IT Dept: _____

Member ID Mail Date: _____