



Protect your ID with Credit Monitoring.

For only \$8.00 per month.

Credit Monitoring notifies participating consumers of activity in their credit file. An alert is provided by Experian (reporting agency) when any one of the following activities is reported:

1. New accounts openings
2. Credit inquires
3. Payment delinquencies
4. Public record changes
5. Change of address

The Credit Monitoring service allows consumers to identify inaccuracies in credit data being reported by creditors. It also offers consumers early detection of potentially fraudulent activity in their credit file. In addition, consumers have access to trained credit specialists to answer any data questions over the phone on their monitoring report. The credit specialists act on the behalf of the consumer and can submit disputes to credit reporting agencies. Single bureau credit monitoring can save valuable time and the frustration that can follow.

Protect yourself today by signing up for Credit Monitoring!



HURON COMMUNITY BANK

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East Tawas Office

301 Newman Street
East Tawas, MI 48730
(989) 362-6700
(989) 362-8982 FAX

Tawas City Office

410 East Lake Street
Tawas City, MI 48763
(989) 362-8671
(989) 362-3743 FAX

Oscoda Office

5077 North US-23
Oscoda, MI 48750
(989) 739-9125
(989) 739-0370 FAX

Lincoln Office

327 Traverse Bay Road
Lincoln, MI 48742
(989) 736-6727
(989) 736-3451 FAX

AuGres Office

3150 East Huron
AuGres, MI 48703
(989) 876-8068
(989) 876-6599 FAX

Harrisville Office

423 East Main Street
Harrisville, MI 48740
(989) 724-6719
(989) 724-6755 FAX

TOLL FREE

(888) BANK-HCB

(888 226-5422)

Visit us on the Web at
www.bankhcb.com

*"HCB is the
Bank to See!"*

Member
FDIC

ID Theft Protection Enrollment Form

Name 1: _____

Name 2: _____

Name 3: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____

Checking

Savings

Account #:

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I authorize Huron Community Bank to charge my deposit account listed above for the IDTheftSmart Credit Monitoring Service. I understand that my account will be charged \$8.00 for each of the names listed and that I may cancel this service at any time.

Signature 1: _____

Signature 2: _____

Signature 3: _____

INTERNAL USE ONLY

Employee Contact #1 _____

Employee Contact #2 (If Applicable) _____

Customer Service

CI Record Update

Processed By: _____

Date: _____

Accounting Department

Account Fee Setup

Processed By: _____

Date: _____

Human Resources

Contact Processing

Processed By: _____

Date: _____



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