

27000 Evergreen Road Lathrup Village, MI 48076 Phone: 248-443-4600, 313-345-7200, 800-664-3828

Fax: 248-443-4280 www.michiganfirst.com

IDSafe Choice Form

Instructions: Type in the fields below. Your signature must be handwritten. Print the form and return it to Member Services via fax: 248-443-4280 or mail to Michigan First Credit Union, Attn: Member Services, 27000 Evergreen Road, Lathrup Village, MI 48076.

Account Number:					
First Name :					
Last Name:					
Yes, I'd like to	o enroll in IDSafe (Choice Recovery Club for \$	\$1.95 per month.		
I'd like to withdra	w (choose one):	\$1.95 per month] \$23.40 for 12 mo	enths	
Please withdraw a	mount indicated ab	ove from: Checking	Savings	☐ Money Market	☐ MoneyPerks Points
I understand funds in my day of the mo all coverage n	that funds will be n account on the 5th o nth. If there are stil vill be immediately c	ave read and understand the ithdrawn from my account day of the month, there will linsufficient funds at the time the firm of the next business day.	on the 5th day of i he a second attemp me of this second a	the month. If I have insuffic ot to withdraw the funds on ttempt, IDSafeChoice and	the 10th
Signature				Dat	ee:
For Credit Un	ion Use Only				
Employee #:		Processed By:		Dat	re'