



Kasasa Protect Enrollment Form &
Consumer Authorization for Direct Payment Via ACH (ACH Debits)

Required Information for Enrollment:

Subscriber Name: \_\_\_\_\_

Subscribers Email Address: \_\_\_\_\_

Last four of Subscribers SSN: \_\_\_\_\_

Consumer Authorization For Direct Payment Via ACH (ACH Debit)

I, \_\_\_\_\_, authorize Franklin First FCU to electronically debit by checking account number \_\_\_\_\_ (and, if necessary, electronically credit my checking account to correct erroneous debits) as follows:

Table with 2 columns: Product, Amount of Debit, Starting Effective Date, Frequency. Values include Kasasa Protect, Monthly.

By signing below, I certify that the information included above is complete and true. I agree to the terms and conditions of Kasasa Protect, and acknowledge that I have been provided a copy of the Kasasa Protect Terms & Conditions. I understand that the Kasasa Protect product is an optional Identity Fraud Protection and Restoration Service that comes at an additional cost. I agree to allow Franklin First FCU to automatically debit my account for the fees associated with this service. I agree that the ACH transactions I authorize comply with all applicable law. I understand that this authorization will remain in full force and effect until I notify Franklin First FCU by email at EFT@franklinfirst.org, by mail or in person to/at Franklin First FCU 57 Newton St, Greenfield MA 01301. I also understand that I must provide Franklin First with no less than 5 business days prior to the proposed effective date of termination to revoke my authorization.

Signature

Date