



**Privacy Policy:**

Our privacy policy protects the privacy of your personal-identifying information that you provide us.

**Instructions:**

Complete this form and return it to the bank. Upon receipt we will process your enrollment. We will also contact you to confirm enrollment within three business days. Feel free to contact us if you have any questions.

<b>First Name</b> <input type="text"/>	<b>Middle Initial</b> <input type="text"/>	<b>Last Name</b> <input type="text"/>	<input type="text"/>
<b>Email Address</b> <input type="text"/>	<b>Contact Phone</b> <input type="text"/>	<b>Account Number to withdraw fee</b> <input type="text"/>	
<b>Present Address (Street, State, ZIP)</b> <input type="text"/>		I would like to receive <input type="radio"/> <b>Mail Notification</b> <input type="radio"/> <b>E-mail Notification</b>	

Each of the undersigned specifically represents to Casey State Bank and to Casey State Bank's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that: (1) the information provided in this form is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this form may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this form, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) all statements made in this form are made for the purpose of enrolling in Casey State Bank's Identity Theft program; (3) Casey State Bank and its agents, brokers, insurers, servicers, successors and assigns may continuously rely on the information contained in the form, and I am obligated to amend and/or supplement the information provided in this form if any of the material facts that I have represented herein should change; (4) my signature of this form serves as confirmation I agree with the terms defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this form containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this form were delivered containing my original written signature.

**To be completed and submitted by customers of Casey State Bank**

I understand that you will retain this form. I further understand that I am enrolling as an individual and that any other person related or affiliated to me must complete a separate enrollment. Finally, I understand that I may cancel my enrollment at any time by notifying Casey State Bank in writing.

<b>Applicant's Name</b> <input type="text"/>	<b>Date</b> <input type="text"/>
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**Signature**