



# Authorization

## Enrollment & Payment Authorization

Member Name \_\_\_\_\_  
FIRST M.I. LAST

Account No. \_\_\_\_\_ Monthly Premium \$ \_\_\_\_\_

I authorize Ray Federal Credit Union to debit \$ \_\_\_\_\_ from my  Share or  Draft account on the last day of each month for LifeLock® Identity Theft Protection service. I understand and agree that if funds are not available at the time of the automatic debit, my account will be charged a Non-Sufficient Funds (NSF) fee and my account will be drawn into a negative balance to pay the agreed upon monthly premium.

This authority is to remain in full force and effect until Ray has received written notification of its termination in such time and manner as to afford Ray a reasonable opportunity to act on it. By signing this authorization I acknowledge that I have received an Electronic Funds Transfer (EFT) disclosure.

By signing below I further acknowledge and agree to be bound by the LifeLock Terms & Conditions that are located at <https://www.lifelock.com/legal/terms/>

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

## LifeLock Cancellation

Member Name \_\_\_\_\_  
FIRST M.I. LAST

Account No. \_\_\_\_\_

I hereby request cancellation of my subscription to LifeLock® Identity Theft Protection service effective (DATE) \_\_\_\_\_. I further revoke my previous authorization for the monthly fee by notifying Ray Federal Credit Union in the manner specified in the authorization.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Teller NO. \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_