

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 t	o enroll in IDSafe C	Choice Recovery Club for	\$1.95 per month.		
I'd like to withdra	aw (choose one):	\$1.95 per month	\$23.40 for 12 mg	onths	
Please withdraw a	amount indicated ab	ove from: Checking	☐ Savings	Money Market	MoneyPerks Points
I understand funds in my day of the me all coverage w	that funds will be n account on the 5th d onth. If there are still will be immediately co	ithdrawn from my account lay of the month, there wil l insufficient funds at the t	t on the 5th day of Il be a second attem ime of this second a	hoice Terms and Condition. the month. If I have insuffici of to withdraw the funds on t ttempt, IDSafeChoice and do not fall on a husiness da	the 10th
Signature				Date	::
For Credit Ur	nion Use Only				
Employee #:		Processed By:		Date	::