

Deluxe® Provent Identity Theft Protection Enrollment Form

By completing the following document, I am agreeing to enrollment in the Deluxe Provent Identity Theft protection package provided through Mercantile Bank. I understand that the package features and benefits include:

Deluxe ID Protect Plus Program

- **ID Restoration Pro:** Access to recovery assistance services should the enrollee identity become compromised. ID Restoration Pro also includes:
 - Certified Fraud Specialist and 24/7 Member Support for the Enrollee and Affiliated Persons.
 - Secure Online Wallet
 - Personalized Online Dashboard
 - Preventive Measures, Education, and Monthly News/E-Mail
 - EZShield Vault® - Remote Online Access for Secure Electronic Document Storage
- Internet Monitoring - Internet's Black Market Monitoring & Alerts; 13 Identity Elements.
- Credit Monitoring - Provides Alerts for Activity within the TransUnion® Credit File.

Please review the following before signing the Enrollment Form:

- I authorize Mercantile Bank to provide Deluxe Provent my personal email address in order for me to receive email notifications to activate this service package.
- I understand that I will be receiving an email from Deluxe Provent with instructions for fully activating the package components. I also understand that I could potentially receive up to four email reminders to fully activate the package components if I do not activate after the first email is delivered.
- I understand and agree that Mercantile Bank will bill my account referenced below each month at a cost of **\$4.95 per month** for the service package. I understand and agree that I will be billed even if I do not fully activate the package components. I understand and agree that I will remain enrolled in the service package until such time as I notify Mercantile Bank of my intent to cancel. If at any time I wish to cancel this service, I will provide notification to the Bank either in person or by phone.
- I understand and agree that if I do not fully activate the package components within 90 days of enrollment, the Bank will cancel the service on my behalf. If I wish to use the Deluxe Provent Identity Theft protection services, I understand I will need to re-enroll through Mercantile Bank.

Customer Name (Print): _____
Customer Account Number: _____
(last four digits ONLY)
Customer Email Address: _____

Customer Signature: _____ Date: _____

Return completed form to a Branch location, fax to 616.406.3774 or email to OnlineAccounts@mercbank.com

For Internal Use Only – Branch Support Personnel

Enrollment Completed By: _____

Date: _____

Service Charge Code Request sent to Deposit

Ops (initial for completion): _____