



Identity Theft Protection

Authorization to Terminate Recurring Payments

Please complete this form and send it to us via fax at 240-747-3379; email to memberservice@lfcu.org; drop it off at any Lafayette Federal branch location; or mail it to 2701 Tower Oaks Boulevard, Rockville, MD 20852, Attention: Member Service Department.

You have previously authorized recurring charges to your Lafayette Federal Credit Union checking account for the Identity Theft Protection service and will continue to be charged such amount unless you opt out.

Please complete the information below:

I (name) _____ authorize Lafayette Federal Credit Union to terminate my Identity Theft Security Protection payments each month.

Account #: _____

Service: ID Restoration ID Protect Plus

Email: _____ Phone Number: _____

Signature: _____ Date: _____

I understand that this authorization terminates my Identity Theft Protection payments if it is sent at least 15 days prior to the next billing date. If it is received within the 15 days prior to the next billing date, I understand that I will be charged the appropriate amount and my ID Theft Protection service will be cancelled one month thereafter.