



### Kasasa Protect ACH Authorization Form

I, \_\_\_\_\_, authorize Raritan Bay Federal Credit Union to electronically debit my checking account number \_\_\_\_\_ as follows:

#### Kasasa Protect (Identity Theft Protection)

**Amount of Debit:** (Please check one)

\$7.99 for Kasasa Checking account holders

\$9.99 for Non-Kasasa Checking account holders

**Starting Effective Date:** \_\_\_\_\_

**Frequency:** Monthly (On the 3<sup>rd</sup> of each month)

I agree that the ACH transactions I authorize comply with all applicable law. I understand that this authorization will remain in full force and effect until I notify Raritan Bay Federal Credit Union in writing to 491 Raritan Street, Sayreville, NJ 08872. Please allow at least 5 business days prior to the proposed effective date of the termination of authorization. By signing this form, I agree to the full Terms & Conditions of Kasasa Protect.

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

\_\_\_\_\_  
Date

For Internal Use Only:

Set up in FirstBase by: \_\_\_\_\_ Date: \_\_\_\_\_

Sent form to Accounting Department for filing

11/15/2017

491 Raritan Street, Sayreville, NJ 08872  
93 Main Street, South River, NJ 08882  
Phone: 732-727-3500 Fax: 732-727-2527