

Enrollment/Unenrollment Form



Date _____

Name _____

Member Number _____

Address _____

City _____ State _____ ZIP _____

Email _____

Phone _____

Please enroll me in the following service:

Family ID Restoration: \$_____ per month

I authorize Dupaco Community Credit Union to deduct the **Family ID Restoration** monthly service charge from:

Checking Account Number _____

Please discontinue my participation in the following service:

Family ID Restoration

Signature _____

Date _____