Consumer Report and Monitoring Authorization Form

FAX OR SEND WITH ENROLLMENT APPLICATION ONLY. PLEASE PRINT CLEARLY

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Membership ID Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][M]

SSN: [ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ] Date of Birth: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
M M D D Y Y Y Y

Telephone Number: [ ][ ][ ] – [ ][ ][ ] – [ ][ ][ ][ ]

Email Address: _____

Signature: X _____ Date: _____
M M - D D - Y Y Y Y

I authorize First Advantage Credco, provider of the credit report and credit file monitoring for Identity Theft Shield,to obtain my consumer report/credit information from one or more of the three national credit repositories. (Equifax, Experian, TransUnion)

Illinois residents: Credit reporting agencies are required by law to give you a copy of your credit record upon request at no charge or for a nominal fee. Consumers residing in the states of Colorado, Massachusetts, Maryland, New Jersey, and Vermont may receive a free copy of their consumer credit report once per year, and residents of the state of Georgia may receive two copies per year.

Spouses Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Membership ID Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][S]

SSN: [ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ] Date of Birth: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
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Telephone Number: [ ][ ][ ] – [ ][ ][ ] – [ ][ ][ ][ ]

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Instructions

1. Print this Consumer Report and Monitoring Authorization Form on letter size paper.
2. Complete all of the requested information above using black or blue ink only.
3. Fax your completed Authorization Form to Pre-Paid Legal Services, Inc. at 1-800-699-4511 (toll-free).