



KASASA PROTECT Payment Authorization Form

TELL US ABOUT YOURSELF	
Member Number:	Last 4 digits of Primary Account Holders SSN:
First and Last Name as it currently appears on the account:	
Phone:	
FEE INFORMATION	
Please check the Kasasa PROTECT Fee that applies: <input type="checkbox"/> \$7.99 / month With Kasasa Checking <input type="checkbox"/> \$13.99 / per month NO Kasasa Checking	
AUTHORIZATION	
I authorize KCCU to debit the checking account indicated above each month for the cost of the Kasasa Protect service. I also understand and agree to the following: <ul style="list-style-type: none">• This authorization will remain in full force and effect until KCCU is notified in writing to cancel the Kasasa Protect service.• A minimum of 5 business days must be allowed from the date of notice of cancellation to process the request. Any fees charged to account will not be refunded.• KCCU may cancel the Protect service without notification if the monthly fee has not been paid or the account does not remain in good standing.	
Signature:	Date:
Employee:	

3 ways to submit your completed form:

Option 1: Drop it off at any of our branch locations.

Option 2: Mail it to: KCCU, PO Box 140, Battle Creek, MI 49016 - Requires signature and stamp by notary.

Option 3: Submit it through Send My Docs in the Complete Forms area of our website - Requires signature and stamp by notary.