



Consumer Report and Monitoring Authorization Form

FAX ONLY (1-800-699-4511) • PLEASE PRINT CLEARLY

Primary Member

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Membership ID Number:

Social Security Number: - -

Date of Birth:
M M D D Y Y Y Y

Telephone Number:

Email Address: _____

Signature: _____ Date: _____

M M - D D - Y Y Y Y

I authorize First American 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)

Spouse

Name: _____

Membership ID Number:

Social Security Number: - -

Date of Birth:
M M D D Y Y Y Y

Signature: _____ Date: _____

M M - D D - Y Y Y Y

I authorize First American 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)