



Consumer Report and Monitoring Authorization Form

FAX ONLY (Do not mail this form) • 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)

Instructions

1. Print this Consumer Report and Monitoring Authorization Form on letter size paper.

Do not mail this authorization form. This form can only be used to fax your authorization to Pre-Paid Legal Services, Inc. at 1-800-699-4511.

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).

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.