REQUEST FOR TERMINATION
OF SECURE REWARDS BENEFITS

By my signature, I hereby request to discontinue participation in the Secure Rewards benefits. I understand this will terminate my access to the Secure Rewards benefits, as listed below.

I understand that the Identity Theft Insurance with Fraud Assistance coverage will discontinue when this request is received by FSNB. I also understand that no refund of costs already paid for Secure Rewards benefits coverage will be made.

Secure Rewards benefits:

Identity Theft Insurance with Fraud Assistance
Extended Warranty and Purchase Price Protection
Payment Card Protection
Cash Rewards
Online Local Savings
Bonus Travel
Savings Round Up

I understand that I may re-enroll in Secure Rewards benefits at any time by calling 1-800-749-4583 or visiting any FSNB Branch.

By signing, I understand that the account listed below will no longer be assessed monthly fees for the Secure Rewards benefits. As such, all Secure Rewards benefits are discontinued not only for me, but also for all co-owners of this account as well.

_____ _____
Printed Name of Account Owner Account Number

_____ _____
Signature of Account Owner Date

_____ _____
CSR Printed Name Branch

Mail: FSNB
Attn: CIF Dept.
P.O. Box 33009
Fort Sill, OK 73503
Fax: 580-354-3822

Reason for Cancellation: ___Fees ___Problem with Service/Websites ___Not Using Services ___Other

Please explain below:

_____

_____

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