

☐ Employee initials: _____

FBC Insurance Services - SMS Consent Form Customer Information Full Name: ____ Mobile Phone Number: _____ Email Address (optional): Date of Birth (optional): **SMS Consent Agreement** ☐ I agree to receive SMS (text) messages from FBC Insurance Services. By checking the box above and signing below, you consent to receive SMS and MMS text messages from FBC Insurance Services at the mobile number you provided. These messages may include account updates and information. Message frequency varies but will not exceed 3-5 messages per day unless triggered by a notification event. Message & data rates may apply depending on your mobile carrier plan. You may reply HELP for help or STOP to opt out at any time. Consent to receive SMS messages is not a condition of purchase or service. **SMS Sharing Disclosure**: Your mobile information will not be shared with third parties or affiliates for marketing or promotional purposes at any time. **Customer Signature** Signature: ____ Printed Name: Date: _____ For Office Use Only ☐ Consent obtained in person ☐ Paper consent scanned and uploaded ☐ Date entered into SMS system: _____