



Your Pre-Paid Legal Membership Payment Option Form

Mail this form to Pre-Paid Legal, along with your check or money order if paying by direct bill or bank draft.

PPLSI • PO Box 2629 • Ada, OK 74821-2629

Pre-Paid Legal Services, Inc.,
and subsidiaries:
Pre-Paid Legal CasualtySM, Inc.
Pre-Paid Legal Services, Inc., of Florida
Legal Service Plans of Virginia, Inc.
PPL Legal Care of Canada Corporation

Member Name _____

Member Number _____

When you provide Pre-Paid Legal Services, Inc. of Ada, OK (PPLSI) or the applicable subsidiary listed above, with a check presented as payment, you authorize, PPLSI or subsidiary to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account as soon as the same day payment is received. For inquiries, please call: 1-800-654-7757

Please choose one of these convenient payment methods. Please return the entire form.

Pay by Direct Bill

Send your check or money order and list the amount below.

Semi-annual \$ _____

Annual \$ _____ Membership Number: _____

Monthly or Annual Payment by Credit Card

I wish to pay by credit card until I revoke this authorization in writing.

We accept Visa/Mastercard/Discover/AMEX

Monthly \$ _____ Semi-annual \$ _____ Annual \$ _____

Card #: _____ Exp. Date: _____
(Mo./Yr.)

Cardholder Signature: **X** _____ Membership Number: _____

Pay by Bank Draft

Complete and sign the bank draft authorization below, select monthly or annual draft and send your check for the amount due.

Your check or credit card charge is your receipt.

Bank Draft Authorization

Authorization for Electronic Transfers Drawn by and Payable for Premium: I hereby authorize Pre-Paid Legal Services, Inc. of Ada, OK (PPLSI) or the applicable subsidiary listed above, to charge/draft my checking/savings account. I agree that if any charge is dishonored, whether intentionally or inadvertently, PPLSI or the applicable subsidiary listed above, shall be under no liability whatsoever. This payment arrangement is effective until I notify PPLSI or the applicable subsidiary listed above IN WRITING that I no longer want my account drafted.

Name of Bank (Financial Institution)

Acct. #

City

Institution Transit #

State Zip

Checking Account
(Attach check from account to be drafted.)

Monthly Draft Amount \$ _____

Savings Account
(Attach verification.)

Annual Draft Amount \$ _____

Signature of Account Holder **X** _____ Membership Number: _____