



Your Pre-Paid Legal Membership Payment Option Form

Mail this form to Pre-Paid Legal, along with your cheque 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 of Tennessee, 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 PPL Legal Care of Canada Corporation, or the applicable subsidiary listed above, with a cheque presented as payment, you authorize, PPLSI and subsidiary to use the information from your cheque to make a one-time electronic fund transfer from your account or to process the payment as a cheque transaction. Funds may be withdrawn from your account as soon as the same day payment is received. For inquiries, please call: 1-800-440-8857

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

Pay by Direct Bill (Applicable tax will apply)

Send your cheque 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 (Applicable tax will apply)

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

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

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

Pay by Bank Draft (Applicable tax will apply)

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

Your cheque or credit card charge is your receipt.

Bank Draft Authorization

Authorization for Electronic Transfers Drawn by and Payable for Premium: I hereby authorize PPL Legal Care of Canada Corporation or the applicable subsidiary listed above, to charge/draft my cheque/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 #

Province Zip

Chequing Account
(Attach cheque from account to be drafted.)

Monthly Draft Amount \$ _____

Savings Account
(Attach verification.)

Annual Draft Amount \$ _____

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