



# Payment Option Form

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

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

Member Name \_\_\_\_\_

Member Number \_\_\_\_\_

When you provide a check as payment, you authorize LegalShield to convert the paper check to an electronic fund transfer from your account. Funds may be withdrawn from your account as soon as the same day payment is received. Your account will be drafted for the same amount each month on or about the effective date of your membership. You waive your right to notification of continued payment. If the amount or date of your payment changes, we will notify you at least ten days before the payment date.

**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**

Authorization for Electronic Premium: I authorize LegalShield, to make direct payment by charge/draft of my checking/savings account from the Financial Institution listed below. (This authority will remain in effect until you notify us in writing to terminate the authorization.) **I agree that if any charge is dishonored, whether intentionally or inadvertently LegalShield shall be under no liability whatsoever.** (Please send a voided check from the account to be 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: \_\_\_\_\_

Corporate Offices: One Pre-Paid Way • Ada, Oklahoma 74820 • 800-654-7757