



Brought to you by: **Pre-Paid Legal Services®, Inc.**
 PPLSI Corporate Offices: P.O. Box 145 • Ada, OK 74821-0145
 Benefits provided by: Kroll Background America



Membership Application

OFFICE USE ONLY	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

member information

A \$10 non-refundable fee is required for individual enrollments.

Please print.

Today's Date / / If you choose the bank draft option, your account will be drafted on or about this date each month.

SSN# - - For internal use only by PPLSI. Our privacy policy is available upon request.

Name Last _____
 First _____ MI _____

Mailing Address Apt./ Ste.# _____
 Street Address _____
 City _____
 State _____ ZIP + 4 _____

Member's Date of Birth / /

Spouse Last _____
 First _____ MI _____

Work Phone - - Ext.

Home Phone - -

Associate Use Only

Assigned Associate Number _____
 Associate Name _____
 Associate SSN Number (If Licensed) _____
 Associate License Number (In Florida) _____
 Business Phone _____
 Signature of Associate **X** _____

Email Address _____
 I do not wish to receive email updates from PPLSI about my membership.
 (Your privacy is a priority with us! PPLSI will not sell your email address or personal information of any kind to third party vendors.)

Applicant: I understand that the written contract sets forth the terms of my membership, including any exclusions or limitations, and agree to be bound by the same. I further understand that the company will mail the written contract to me at the address noted herein within the next fourteen days. If I have not received my contract within that time frame, I understand that it is my responsibility to call the Pre-Paid Legal Home Office at 1-800-654-7757 to obtain a copy. The written contract, together with this application, constitutes the entire agreement between the company and the member with respect to the membership, and there are no agreements, understandings, warranties or representations other than as set forth herein and in the membership contract.

Signature of Applicant **X** _____

payment information

TO COMPLETE, select the ONE payment option you prefer. Your credit card charge or check is your receipt.

Monthly or Annual Bank Draft

Authorization for Electronic Transfers Drawn by and Payable for Premium: I hereby authorize Pre-Paid Legal Services®, Inc., to charge/draft my checking/savings account from the Financial Institution listed below. **This authority is to remain in effect until Pre-Paid Legal Services®, Inc., receives written notification from me revoking the authorization. Your account will be drafted each month on or about the effective date of your membership.**

Name of Bank _____ Acct. # _____
 (Financial Institution)
 Bank Address _____
 Institution Transit # _____
 Signature of Account Holder **X** _____
 Checking Account (Attach check from account to be drafted.) Savings Account (Attach verification.)

CITY _____ STATE _____ ZIP _____

Please fill out for Bank Draft or Credit Card payment options:

Monthly/Annual draft/ Charge amount \$

One-time enrollment fee \$

Total enclosed by check, money order, or charged to credit card \$

(If paying by credit card, I realize my first charge will include a one-time enrollment fee where applicable.)

Monthly or Annual Payment by Credit Card

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

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

Cardholder Signature: **X** _____
 MasterCard Visa Discover AMEX

Annual Direct Bill

I wish to pay annually by check. Checks should be made payable to Pre-Paid Legal Services, Inc.

Amount enclosed: _____
 *Must include first year payment.

Payroll deduction authorization

I hereby authorize my employer _____ City _____ State _____ to deduct \$ _____ per pay period from my earnings for my Identity Theft Shield membership and to remit such amount directly to Pre-Paid Legal Services®, Inc. (PPLSI). I agree that my employer will not be responsible or liable for my decision to purchase the membership or the services provided through my membership and that my employer's sole responsibility is to withhold and pay my membership fee to PPLSI.

Print name _____ SSN _____ Date _____ Applicant signature: _____