



# 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 Casualty<sup>SM</sup>, 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 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 Funds may be withdrawn from your account as soon as the same day payment is received.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: \_\_\_\_\_