



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

OFFICE USE ONLY	
CWA	_____
FOB	_____
MODE	_____
PLAN	_____
FRAN	_____
GR#	_____



Membership Application

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 _____
 (Financial Institution)
Bank Address _____
 CITY STATE ZIP

Acct. # _____
Institution Transit # _____
Signature of Account Holder X _____

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

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

Monthly/Annual draft/ Charge amount \$

One-time enrollment fee \$ **10.00**

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.

Mail completed application to:

First Bank
 Attn: Identity Theft Shield
 1630 22nd Street
 West Des Moines, IA 50266

\$12.95/month or \$155.40/year