



### 3 Payment Information Fill out the ONE payment option you prefer.

Your credit card charge or check is your receipt.

Please fill out for options below: **OPTION 1 (Bank Draft)** or **OPTION 2 (Credit Card)** payment option

\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	+	\$ <input type="text"/> <input type="text"/> <input type="text"/>	=	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(If paying by credit card, I realize my first charge will include a one-time enrollment fee where applicable.)
Monthly /Annual draft/ Charge amount		One-time enrollment fee		Total enclosed by check, money order, or charged to credit card	

**OPTION 1:**  **Monthly** Or  **Annual Bank Draft** /  **Checking Account** (Attach check from account to be drafted.) Or  **Savings Account** (Attach verification.) 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.

**Name of Bank** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP + 4** \_\_\_\_\_

**Account #** \_\_\_\_\_ **Transit #** \_\_\_\_\_

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 Funds may be withdrawn from your account as soon as the same day payment is received.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.

**OPTION 2:**  **Monthly** Or  **Annual Payment by Credit Card** I wish to pay by credit card until I revoke this authorization in writing. I realize my account will be charged each month (or Annually).

**Cardholders Name** \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**MasterCard**  **Visa**  **Discover**  **American Express**

3 digit security code  
\_\_\_\_

**In AL**, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **In FL**, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **In NJ**, any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **In OR**, any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information concerning a material fact may be subject to criminal or civil penalties and/or cancellation of the contract. **In TN**, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**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 LegalShield 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, representations other than as set forth herein and in the membership contract.

I hereby acknowledge that on this date, I purchased this plan in the city of \_\_\_\_\_ in the state of \_\_\_\_\_. By signing this application I certify I am legally residing in the United States and agree to the above Authorization of Payment and membership fees selected above.

Account holders Signature **X** \_\_\_\_\_

To Submit: Fax to (603) 689-7575 (or) Email to: HealthPlanSavings@comcast.net