



Benefits provided by: Kroll Background America
Coverage for you & your spouse

Administered by:
 Pre-Paid Legal Services®, Inc., and subsidiaries
 Corporate Offices: P.O. Box 145 • Ada, OK 74821-0145



OFFICE USE ONLY	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GP#	118062

Activating your plan is easy! Choose one of these options:

- Complete the application below
 - Sign as designated
 - Return it to Bank of Louisiana
- Mail it to:

Identity Theft Shield
 One Pre-Paid Way, Ada, OK 74820
- Call: 677-754-5517

APPLICATION

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

Email Address

FINANCIAL INSTITUTION APPLICATION: Ofc Use Only

Franchise Number: **118062**
 Assigned Associate Number: **119037778**
 Associate Name: **Bank of Louisiana**
 Business Phone: **573-754-5517**
 Signature of Associate _____

Applicant Agreement: 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 20 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 1-800-864-7767 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**

Work Phone - -

Home Phone - -

Your privacy is a priority with us! PPLSI will not sell your email address or personal information of any kind to third party vendors.

payment information

Monthly 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 Financial Institution

Financial Institution Address

CITY STATE ZIP

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

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

Monthly/Annual draft/Charge amount \$ 1295

One-time enrollment fee **Family Plan + 1.00** \$ 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.)

Acct. #

Institution Transit #

Acct Holder Signature **X**

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

Monthly 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

