



ENROLLMENT CERTIFICATE

Yes, I am interested in joining my Credit Union's special legal service plan. Please send me my certificate of coverage and identification card by return mail.

Name _____ Phone _____

Address _____ Birthdate _____

City _____ State _____ Zip _____

Email Address _____ Credit Union _____

The Plan membership fee is \$105 for one year or \$205 for two years. Use **direct withdrawal** from your share account and enjoy the convenience of share deduction plus save \$6 to \$20! If you prefer, use your Credit Union's **credit card**.

Please bill my share account/credit card:
(Complete proper authorization below)

<input type="checkbox"/> One year for \$99 Save \$6	<input type="checkbox"/> Two Years for \$190 Save \$20
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Easy & Convenient!

Best Buy!

If you would prefer to pay by check (share draft), please send the regular rate of \$105 for a one year membership or \$205 for a two year membership. Please make check payable to *Legal Service Plans, Inc.*

Share Deduction Authorization

I hereby authorize you to deduct from my share account or my share draft account the amount necessary to enroll me in the Legal Service Plan and remit this deduction to the Plan Administrator. This authorization will serve to enroll or renew my membership in the plan, whichever is applicable. I will notify the Plan Administrator at least forty-five (45) days prior to the anniversary date if I wish to terminate my membership in the Plan.

Credit Union Account Number

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Credit Union _____

Credit Card Billing Authorization

Bill my credit card for the amount necessary to enroll me in the Legal Service Plan. This authorization will serve to enroll or renew my membership in the Plan, whichever is applicable. I will notify the Plan Administrator at least forty-five (45) days prior to the anniversary date if I wish to terminate my membership in the Plan.

Credit Card: MasterCard Visa

Card Number

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Expiration: _____

Signature _____

Date _____