



Group Services

BUSINESS REPORT SHEET

LegalShield P.O. Box 1379 Ada, OK 74820

Authorized Associate: _____ Associate No: _____

Date _____ State _____ Mode of Payment: P.D. F.B. B.D.

Note: Use a separate form for each payroll account -- All forms MUST BE TYPED OR PRINTED.

Name of Employer or Assoc. _____

Address _____

City, State, Zip _____

Special Requests and Comments _____

Servicing agent signature _____

Settlement Deduction? Yes No

New Fringe? Yes No

Additions to Existing Fringe? Yes No

New Payroll Account? Yes No

New Bank Draft Account? Yes No

Additions to Existing Payroll Account? Yes No

Additions to Existing Group Bank Draft? Yes No

	MEMBERSHIP NUMBER	EFFECTIVE DATE	NAME OF MEMBER (Last) (First) (Middle)	DIVISION	PAY PERIOD	MONTHLY COST	NOTES
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