

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

Your credit card charge or cheque is your receipt.

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

\$. + \$. = \$.

Monthly /Annual draft/
Charge amount

Applicable GST/HST/PST
on membership fee and/
or enrollment fee

Total enclosed by cheque,
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.)

OPTION 1: **Monthly Or** **Annual Bank Draft /** **Chequing Account** (Attach cheque 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 chequing/savings account from the Financial Institution listed below. This authority will remain in effect until you notify us in writing to terminate the authorization.

I agree that if any charge is dishonored, whether intentionally or inadvertently, PPL Legal Care of Canada Corporation shall be under no liability whatsoever. This authority is to remain in effect until PPL Legal Care of Canada Corporation, 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 _____

Address _____
City Province Postal Code

Account # _____ **Transit #** _____

When you provide a cheque as payment, you authorize LegalShield to convert the paper cheque 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 Funds may be withdrawn from your account as soon as the same day payment is received.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** ____/____
MM YY

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

OPTION 3: **Annual Direct Bill Or** **Semi-Annual Direct Bill** I wish to pay Annually/Semi-Annually by cheque. Cheques should be made payable to LegalShield.

Amount enclosed \$. *Must include first payment and enrollment fee.

Notice Regarding Buyer's Right to Cancel: The completed contract between the member and PPL Legal Care of Canada Corporation consists of this application, a description of benefits, and a Buyer's Right to Cancel, the latter two of which will be mailed to you upon receipt of payment. You may cancel your membership at any time after receipt of these materials.

In British Columbia: (i) If no delivery date is specified in the contract and the goods are not supplied within 120 days after the date of the contract, then you, the buyer, may cancel the contract within 10 days after the expiry of this 120 day period provided that you have not accepted delivery of the goods; and (ii) this is a contract to which the Consumer Protection Act of British Columbia applies.

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, or 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 province of _____. By signing this application I certify I am legally residing in Canada and agree to the above Authorization of Payment and membership fees selected above.

Business Account Holders Signature **X**