



U.S. Legal Services, Inc.

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(800) 356-LAWS (904) 730-0023 fax

www.uslegalservices.net

Legal Services Plan For

University of Louisville

Membership Enrollment Form

Last Name: _____ First Name: _____ Middle Initial: _____

ID Number: _____ Spouse's Name: _____

Mailing Address: _____ Telephone # _____

City: _____ County: _____ State: _____ Zip Code: _____

Email Address _____ Mobile Telephone # _____

ACTIVE EMPLOYEES:

_____ \$18.75 Payroll Deduction Signature _____

I agree that this authorization will remain in force and effect until U.S. Legal and Payroll Department has received written notice from the Policyholder of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it.

** This agreement shall remain in effect until U.S. Legal has received written notice of cancellation and has had reasonable opportunity to act on it.*

RETIREES:

_____ \$22.50 ACH Bank Draft (Must have voided check)

I, the undersigned bank account owner, hereby authorize and request U.S. Legal Services to initiate electronic debit entries against the indicated bank account on the attached voided check or deposit ticket or the payment of premiums and other indicated charges due for U.S. Legal Services policy.

_____ 1st of each month _____ 10th of each month _____ 15th of each month

_____ \$22.50 Credit Card: Select one of the following: () Monthly () Quarterly () Semi-annual () Annual

Indicate Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ American Express

Card Number: _____ Exp. Date _____ / _____ Security Code _____

Purchaser's Signature X _____

Cardholder acknowledges receipt of services in the amount of the total shown hereon and agrees to perform the obligation set forth in the Cardholder's agreement with the issuer.

** This agreement shall remain in effect until U.S. Legal has received written notice of cancellation and has had reasonable opportunity to act on it.*

Applicant Signature X _____ Date _____

Agent # _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree. I understand that legal services will be provided as outlined in the contract and that I will be responsible for any filing fees, court costs, etc. associated with any action. I authorize for premiums to be collected as indicated above or by any other method I should change to in the future. I understand that the attorney-client relationship is confidential and such relationship is with my assigned attorney and not with U.S. Legal. I represent, that to the best of my knowledge, all information above is true and correct and that no person to be insured under the plan is now involved in any litigation, court proceeding, or other matter, which could result in legal action.