



LAW OFFICER LEGAL PLAN GROUP

SCAN and email to secure site: <https://www.encyro.com/cherylgarcia>

Name: _____ Birthdate ____/____/____

Last four digits of Social Security number ____ _

Spouse/Significant Other Name _____ Birthdate ____/____/____

Dependent _____ Birthdate ____/____/____

Dependent _____ Birthdate ____/____/____

Dependent _____ Birthdate ____/____/____

- Options:**
- Option 1: Law Officer Legal Plan\$24.95/month
 - Option 2: Legal & IDShield Family..\$39.90/month
 - Option 3: Legal & IDShield Individual\$33.90/month
 - Option 4: Individual IDShield \$8.95/month
 - Option 5: Family IDShield...\$18.95month

____ Home Business Supplement \$9.95/month

____ Gun Owner Supplement \$12.95/month

Signature: _____ Date ____/____/____

Email address _____ @ _____

Phone number _____

Address – Street _____ City _____ St ____ Zip _____

OPTION 1: Monthly Bank Draft

Account Holder's Name _____ Financial Institution _____

Address _____ City _____ State _____ Zip _____

Account # _____ Routing # _____

Funds may be withdrawn from your account as soon as the same day payment is received.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, when applicable by law.

OPTION 2: Monthly Payment by Credit Card. I wish to pay by credit card until I revoke this authorization or cancel my membership. My account will be charged each month.

Cardholder's name: Last _____ First _____ MI _____

Card # _____ Exp. Date ____/____

Billing Zip _____ CVV ____ MC/Dis/Vis/Amex

I acknowledge that I purchased this membership plan in the city of _____ in the State of _____. By signing this application I confirm that I am legally residing in the United States and agree to the above Authorization of Payment, the membership fees selected above, and the terms of the selected membership plan.

Applicant Signature _____ Account Holder Signature _____