



NNPS PAYMENT FORM

Return to Legal Resources

Full Name: _____ Home Phone: _____
(Please print)

Address: _____ Cell Phone: _____

SIGNATURE (required): _____ Date: _____

Payroll deduction not available must select option 1 or 2:

Option 1 - MASTERCARD/VISA CREDIT OR DEBIT CARD

All subscriber fees are paid in advance of coverage period. (Payments processed on the 15th of the month)

I authorize monthly billing at \$18.00

MASTERCARD VISA

ACCOUNT NUMBER:

- - -

EXPIRATION DATE (required): _____

CARDHOLDER NAME (please print): _____

Option 2 AUTHORIZE AUTOMATIC BANK WITHDRAWAL

My Bank is _____

Enclose a check or money order in the amount of \$18 (one month of subscriber fees) to ensure coverage while the automatic bank withdrawal deduction is being processed. Debits (withdrawal) to your account will take place on the 15th of each month.

Use enclosed check for processing monthly deductions from my checking account.

Use enclosed deposit slip for processing monthly deductions from my savings account.

I authorize billing for my monthly fee of \$18.00 per month.

Signature: _____

Your membership will automatically renew annually on October 1st each year unless Legal Resources is notified in writing 30 days prior to renewal.

**Legal Resources, 2877 Guardian Lane, Suite 101, Virginia Beach, VA 23452
(757) 498-1220 . (800) 728-5768**