



# Team Liberty Benefits Legal Plan

Mail to: Support Offices  
333 West Main Street  
Suite 285  
Ardmore OK 73401  
Fax: 580-226-7194  
Support offices: 580-226-4061

<i>Support Office Use Only</i>	
_____	RCVD
_____	ENTRD
_____	ORDR

## PLEASE PRINT CLEARLY

			Today's Date: _____		
	Name: (First)	(Middle)	(Last)		
Primary Member					
Spouse					
Dependent Child					
Dependent Child					
Dependent Child					
Dependent Child					
Dependent Child					
Address:				City:	
State:	Zip:	Home Phone:		Work Phone:	

## PAYMENT INFORMATION *(Check which applies)*

**Select Payment Option**     Monthly

My Initial Payment is being made by:     Check     Money Order     Electronic Check     Credit Card

My monthly payment will be automatically deducted from:     Bank Draft     Credit Card

Name of Bank \_\_\_\_\_    *Please attach a voided check*

Account Number \_\_\_\_\_    Routing Number \_\_\_\_\_

**Credit Card Information**     Visa     MasterCard     Discover     Amex

Credit Card Number \_\_\_\_\_    Expiration Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

## Plan Selection

<b>Legal Plan</b>	<b>\$19.95</b>	<b>One Time Application Fee</b>	<b>\$20.00</b>
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**Sellers Name:** \_\_\_\_\_ **Liberty ID #:** \_\_\_\_\_