



# Consumer Report and Monitoring Authorization Form

FAX ONLY (Do not mail this form) • PLEASE PRINT CLEARLY

## Primary Member

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Membership ID Number:

Social Security Number:    -   -

Date of Birth:          
M M D D Y Y Y Y

Telephone Number:

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

M M - D D - Y Y Y Y

I authorize First American Credco, provider of the credit report and credit file monitoring for Identity Theft Shield, to obtain my consumer report/credit information from one or more of the three national credit repositories. (Equifax, Experian, TransUnion)

## Spouse

Name: \_\_\_\_\_

Membership ID Number:

Social Security Number:    -   -

Date of Birth:          
M M D D Y Y Y Y

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

M M - D D - Y Y Y Y

I authorize First American Credco, provider of the credit report and credit file monitoring for Identity Theft Shield, to obtain my consumer report/credit information from one or more of the three national credit repositories. (Equifax, Experian, TransUnion)



# PRE-PAID LEGAL

SERVICES®, INC.  
AND SUBSIDIARIES

One Pre-Paid Way • Ada, OK 74820

## In the event of an accident or illness, will your health care wishes be carried out?

If you're reading this, chances are you've already decided to face legal life events head on with your Pre-Paid Legal membership. Our plan is called a "Life Events Legal Plan" because life events happen every day, and we've designed your membership to help.

The possibility that we'll be seriously injured or fall victim to illness that lands us in a hospital room on life support machines is something most of us conveniently push to the back of our minds - or out of our minds all together. **However desperately we believe it can't happen to us, the truth is, it can happen to anyone, regardless of age.**

Does your family know your wishes should the unthinkable happen to you or would you be leaving them guessing - hoping they make the right decision on your behalf? It's so easy to remove the burden of decision from those you love. **Why not take care of them NOW?**

Do you have an Advance Health Care Directive (or "Living Will")? If you do, are you sure it follows the legal requirements necessary in the state or province where you live?

**Yes, please contact my Provider Law Firm on my behalf in order to have them call me about this.**

*Please allow time for the processing of your application.*

*Your provider law firm will be in touch with you soon.*

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone Number

PLEASE SEND COMPLETED FORM WITH YOUR MEMBERSHIP APPLICATION

**(OR)**

MAIL TO: Pre-Paid Legal Services®, Inc.  
ATTN: Customer Care  
One Pre-Paid Way  
Ada, Oklahoma 74820