



PAYMENT FORM B

PRIMARY MEMBER NAME: _____

Membership Number: _____

A) BANK DRAFT

To authorize payment by Bank Draft, please complete and sign below:

Please indicate your choice of membership:

- Five Year Platinum Membership (with 50% Discount off all other legal work) **\$ 1,250.00**
 - No Enrollment Fee
 - Priority Call-In
 - Additional Pre-Trial and Trial Hours
 - 3 Day Vacation Package
- Three Year Gold Membership (with 33% Discount off all other legal work) **\$ 900.00**
 - No Enrollment Fee
 - Priority Call-In
 - Additional Pre-Trial and Trial Hours
- One Year Membership (with 25% Discount off all other legal work) **\$ 300.00**
 - One-Time Enrollment Fee of **\$15.00**
- Semiannual membership (6 Months) **\$ 150.00**
 - One-Time Enrollment Fee of **\$20.00**
- Monthly membership (1 Month) **\$ 25.00**
 - One-Time Enrollment Fee of **\$25.00**





I, _____, authorize Grace Prepaid Legal Group, Inc., to draft my checking or savings account listed below for the amount above. I agree that Grace Prepaid Legal Group is not liable for any charges that are dishonored. I agree this automatic payment will be in effect until I send written notice to Grace Prepaid Legal Group to cancel this arrangement.

Name of Bank _____

City _____ State _____

Savings or Checking Account # _____

Routing # _____

Account Holder Signature _____

Date _____

Please mail a check from this Account or a voided check from that Account with this form to:

GRACE PREPAID LEGAL GROUP, INC.
2909 Fannin
Houston, TX 77002
payment@graceplg.com

