



CORRECTION WORKSHEET

Primary Member Information (Must complete for all corrections)

Name _____ Date of Birth _____ SSN (last 4 digits) _____

Description of Corrections to be Made

Bank Correction Recording Correction Redraft Change of Draft Date

Other _____

Payor/Payment Account Information (This section MUST be completed for all field corrections)

Bank Name * _____ Bank City * _____ Bank State * _____

Name on Account *(this person must sign below) _____

Account Type: * (circle one) Checking / Savings

Bank Routing Number * _____ Bank Account Number * _____

Credit Card Number * _____ Expiration Date * ____ / ____ CVV * _____

Name on Credit Card * (this person must sign below) _____

Initial Withdraw Date * (or as soon as possible afterward) _____ Future Withdraw Date * _____ (1st - 28th)

The Legacy Assurance Membership is **\$4** per month, and those payments will be set up as stated above. The membership will continue once the payment is received. I, the Payor of this Membership, hereby agree to these terms of payment by signing below.

Membership Payor's Signature _____ Date _____

Check here if Membership Payor's Signature is a voice signature on a Correction Recording that accompanies this form.

Representative Name (please print legibly) _____ Rep # _____

Representative Signature _____ Date _____