

# Legacy Assurance Correction Worksheet

## Primary Member Information (Must Complete for all corrections)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_

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## Description of Corrections to be Made

Bank Correction       Recording Correction       Redraft       Change of Draft Date

Other \_\_\_\_\_

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## 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 \* \_\_\_\_\_

Revised Withdraw Date \* (must be future date) \_\_\_\_\_ Withdraw Date for following monthly payments:  
1<sup>st</sup> 3<sup>rd</sup> 5<sup>th</sup> 10<sup>th</sup> 15<sup>th</sup> 20<sup>th</sup> 25<sup>th</sup>

The Legacy Assurance Membership is \$3 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 \_\_\_\_\_

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

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Representative Name (please print legibly) \_\_\_\_\_ Rep # \_\_\_\_\_

Representative Signature \_\_\_\_\_ Date \_\_\_\_\_