

LAST NAME		FIRST NAME		M.I.	CUSTOMER #
SOCIAL SECURITY #		D.O.B.	HOME PHONE		WORK PHONE
STREET ADDRESS		APT #	CITY	STATE	ZIP CODE
EMPLOYER		YOUR POSITION		YOUR SUPERVISOR	

PERMISSION TO RELEASE INFORMATION : I AUTHORIZE _____ (SUBSEQUENTLY REFERRED TO AS CHEXTOP) TO CHECK ANY OF THE REFERENCES GIVEN ABOVE AND RELEASE ANY OF THE ABOVE INFORMATION TO CREDIT REPORTING AGENCIES, COLLECTION AGENCIES OR OTHERS WHICH IT DETERMINES HAVE A LEGITIMATE INTEREST IN SUCH INFORMATION. I VERIFY THAT ANY CHECK I CASH WITH CHEXTOP IS DRAWN UPON A LEGITIMATE, OPEN AND ACTIVE ACCOUNT, AND THAT I WILL NOT CLOSE THAT ACCOUNT OR PUT A STOP PAYMENT ON ANY CHECK. I AGREE TO PAY A RETURNED CHECK CHARGE IN THE EVENT ANY CHECK CASHED BY ME IS RETURNED TO CHEXTOP FOR ANY REASON, INCLUDING, BUT NOT LIMITED TO NON-SUFFICIENT OR UNCOLLECTED FUNDS. INIT. _____

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER PAYMENTS : I HEREBY AUTHORIZE CHEXTOP TO INITIATE DEBIT/CREDIT ENTRY TO MY ACCOUNT FOR THE PAYMENT DUE REGARDING THE SUBJECT OF THIS AGREEMENT AND THE FINANCIAL INSTITUTION AT WHICH MY ACCOUNT IS HELD TO DEBIT/CREDIT THE SAME TO SUCH ACCOUNT. THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECTIVE UNTIL CHEXTOP, AND THE SUBJECT FINANCIAL INSTITUTION HAVE RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD CHEXTOP AND THE FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT. I UNDERSTAND THAT I MAY CANCEL THIS AUTHORIZATION BY PROVIDING WRITTEN NOTICE TO CHEXTOP, AT LEAST THREE (3) BUSINESS DAYS PRIOR TO THE PAYMENT DUE DATE. I FURTHER UNDERSTAND THAT CANCELING MY AUTHORIZATION DOES NOT RELIEVE ME OF THE RESPONSIBILITY OF PAYING ALL AMOUNTS DUE IN FULL. INIT. _____

APPLICANT'S SIGNATURE		DATE	DRIVER'S LICENSE / I.D. #	STATE	EXP. DATE
X					

BANK NAME	ROUTING #	BANK ACCOUNT #

REFERENCES		VERIFICATION		
NAME	NAME	STATUS	VERIFICATION #	EMP. INIT.
RELATIONSHIP	RELATIONSHIP			
() -	() -	PAYDAY		ELIGIBLE INCOME
NAME	<input type="checkbox"/> I AM A MEMBER OF THE ARMED FORCES ON ACTIVE DUTY <input type="checkbox"/> I AM A DEPENDENT OF A MEMBER OF THE ARMED FORCES ON ACTIVE DUTY <input type="checkbox"/> I AM NOT A MEMBER OF THE ARMED FORCES ON ACTIVE DUTY (OR A DEPENDENT OF SUCH A MEMBER)			
RELATIONSHIP				
() -				THUMBPRINT