

LAST NAME		FIRST NAME		M.I.	CUSTOMER #	
SOCIAL SECURITY #	D.O.B.	HOME PHONE	WORK PHONE	CELL PHONE		E-MAIL
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. INITIALS _____						
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. INITIALS _____						
APPLICANT'S SIGNATURE X			DATE	DRIVER'S LICENSE / I.D. #		STATE EXPIRATION DATE
BANK NAME			ROUTING NUMBER		BANK ACCOUNT NUMBER	
REFERENCES			VERIFICATION			
NAME	NAME		STATUS	VERIFICATION NO.	EMPLOYER INITIALS	
RELATIONSHIP	RELATIONSHIP					
() -	() -		PAYDAY		ELIGIBLE INCOME	
NAME	<input type="checkbox"/> I AM A MEMBER OF THE ARMED FORCES ON ACTIVE DUTY					
RELATIONSHIP	<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)			THUMBPRINT		