



In order to complete this form electronically, please save a copy to your computer. Complete the form, save the information and name the file. You will then have the ability to print the form and mail it to ChexSystems.

Order Your Report Offline

Obtaining information under false pretenses is illegal. Obtaining a report on someone other than yourself is punishable by law and can result in fines and/or imprisonment.

In order for Chex Systems, Inc. to properly identify the information contained in your consumer file, please provide the following information:

First Name _____

Middle Name _____

Last Name _____

Maiden name or other last names used _____

Address*
(Street, PO Box, Apt #) _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Phone Type** Home Cell

U.S. Social Security# _____ **Birth Date** _____

U.S. Driver's License# _____ **State of Issuance** _____

*ChexSystems will correspond with you at the above address unless you request otherwise.

Addresses of any other residences you have had in the past five years

Address
(Street, PO Box, Apt #) _____

City _____ **State** _____ **Zip** _____

Address
(Street, PO Box, Apt #) _____

City _____ **State** _____ **Zip** _____

Address
(Street, PO Box, Apt #) _____

City _____ **State** _____ **Zip** _____

Signature _____ **Date** _____

Order by Mail	Chex Systems, Inc Attn: Consumer Relations PO Box 583399 Minneapolis, MN 55458
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