



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 either mail or fax 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
Order by FAX	Fax to 602.659.2197