



Order Your Report Offline

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.

Personal Information

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

Full name:	_____	Previous Name:	_____
	<i>First Middle Last</i>		
Address:	_____	Email:	_____
	<i>Street address Apt/Unit #</i>		

	<i>City State Zip Code</i>		
Mobile Phone Number:	_____	Home Phone Number:	_____
Social Security Number:	_____	Date of Birth:	_____
Driver's License Number:	_____	State of Issuance:	_____

Documentation to include

In order to prevent fraud, please provide the following documents below to authenticate your identity.

- Driver's License or State ID front and back in color
- Social Security Card
- Proof of address dated within the last 90 days



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

Address: _____

Street address *Apt./Unit #*

City *State* *Zip Code*

Address: _____

Street address *Apt./Unit #*

City *State* *Zip Code*

Address: _____

Street address *Apt./Unit #*

City *State* *Zip Code*

Address: _____

Street address *Apt./Unit #*

City *State* *Zip Code*

Address: _____

Street address *Apt./Unit #*

City *State* *Zip Code*

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.

Signature: _____ Date: _____

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