



# Order Your ChexSystems Consumer Score

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:	_____
	First Middle Last		
Address:	_____	Email:	_____
	Street address Apt/Unit #		
	_____		
	City State Zip Code		
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 #

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City State Zip Code

Address: \_\_\_\_\_

Street address Apt/ Unit #

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City State Zip Code

Address: \_\_\_\_\_

Street address Apt/ Unit #

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City State Zip Code

Address: \_\_\_\_\_

Street address Apt/ Unit #

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City State Zip Code

Address: \_\_\_\_\_

Street address Apt/ Unit #

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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