

EASY CHECK CASHING

Payday Advance Application

Membership # _____

(Please Print)

Opened By _____

Personal Information

Name (First)	(M.I.)	(Last)		
Home Address	City	State	Zip	
Social Security #	Home Phone	Other (Pager/Cell)		
Driver's License #	Exp. Date	State		
Debit Card #	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Other	Monthly Amount \$
Landlord's Name	Phone #			
Spouse's Name	Work Phone #	Amount Requested \$		

Employment Information

Employer's Name	Phone #	Job Verification Line					
Address	City	State	Zip				
Supervisor's Name	Ext. #	Hire Date	Position/Title	Dept.			
Next Payday	Net Pay \$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-wkly	<input type="checkbox"/> Monthly	Direct Deposit ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spouse's Employer	Address		Phone#				
Additional Source of Income	Amount \$	Frequency					

Bank Information

Bank Name	Account #	Telephone Access #
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Three References (not living with you)

Parent / Relative Name	Relationship	Phone #		
Address	City	State	Zip	
Friend / Relative Name	Relationship	Phone #		
Address	City	State	Zip	
Reference Name	Relationship	Phone #		

Do you have any other outstanding payday advances elsewhere? Yes No Do you have any garnishments against you? Yes No

I certify under penalty of perjury that the information provided is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I hereby authorize Easy Check Cashing and/or its representatives to contact any company, entity, reference, supervisor or other persons having dealings with me in order to verify information and to discuss any debts which I owe to Easy Check Cashing. The customer agrees in the event that a check(s) that he/she cashes with Easy Check Cashing returns unpaid for whatever reason to Easy Check Cashing, that Easy Check Cashing is authorized to deduct any and all amounts owed from future checks that he/she cashes at Easy Check Cashing. Also, any monies given to Easy Check Cashing to pay for any services can be used to pay the outstanding debt with Easy Check Cashing.

Are you in the Military Service? Yes No

Signature _____

Date _____

How did you hear about Easy Check Cashing? _____

For Office Use Only

Verification:	Tele-Track
<input type="checkbox"/> Pay Stub	PRA Amount _____
<input type="checkbox"/> Bank Statement	Date _____
<input type="checkbox"/> Phone Bill	Verified By _____