

Check Acceptance Form



Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

SS#: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Home Phone: (     )     -     \_\_\_\_\_ Cell Phone: (     )     -     \_\_\_\_\_

Employment Information

Employer: \_\_\_\_\_ How long have you been employed? \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Work Phone: (     )     -     \_\_\_\_\_

Spouse/Significant Other Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (     )     -     \_\_\_\_\_

Do you understand that if this check that you are cashing does not clear the bank, you will be held liable for the amount of the check, as well as, all applicable fees and charges?

☐ YES

☐ NO

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

We reserve the right to decline checks, from any individual or entity, at our discretion.