

**CHECK CASHING CARD INFORMATION**

Name: \_\_\_\_\_

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

Telephone# \_\_\_\_\_

Cell# \_\_\_\_\_

D.L.# & State \_\_\_\_\_

S.S.# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Visa/MC# \_\_\_\_\_

Exp. Date \_\_\_\_\_ Code# \_\_\_\_\_

*Returned checks are subject to a \$20.00 service charge. If the returned check cannot be re-deposited, the check amount along with the \$20.00 service charge will automatically be charged to your credit card. If the obligation of the check cannot be satisfied, we will take appropriate legal action.*

\_\_\_\_\_  
*Signature of card holder*

**THIS CARD CAN BE REVOKED AT ANYTIME**