

FACT Act Disclosure Form:

**= Required*

Consumer Information Details

*First Name: _____

*Last Name: _____

*U.S Social Security #: _____ - _____ - _____

*Date of Birth: ____ - ____ - ____ (mm dd yyyy)

U.S Driver's License or State ID: _____

State of Issuance: _____

Email: _____

Banking Data

*Bank Routing Number: _____

Bank Routing Number is located on your check at the far bottom left and is made up of nine (9) digits

*Bank Account Number: _____

Address Details

*Address Line 1: _____

*Address Line 2: _____

*City: _____

*State: _____

*Zip (Postal Code): _____

Telephone Number: ____ - ____ - ____

Please return your completed form to:

Global Payments Check Services LLC

Attn: FACT ACT Support

PO Box 59371

Chicago, IL 60659