

Certegy Gold Application

THIS APPLICATION MAY BE YOUR TICKET TO QUICK AND CONVENIENT CHECK WRITING. MAIL IT TODAY!

To apply, simply print out this application, complete and sign the application, include a voided check and mail to:

Certegy Check Services, Inc., Attention Certegy Gold, P.O. Box 30046, Tampa, FL 33630-3046.

Individual Information:

If you are applying for Certegy Gold business status, skip to business section below.

Name: _____ Telephone: (_____) _____

Current street address: _____ City: _____ State: _____ Zip: _____

Do you? own rent How long? _____ years _____ months

If less than one year at current address, please provide:

Previous street address: _____ City: _____ State: _____ Zip: _____

How long did you live at this address? _____ years _____ months

Driver's license or State ID (required): State of Issuance: _____ # _____

Date of birth: _____ (mm/dd/yy) E-mail address: _____

Employment information:

Employer's name: _____ # of years employed: _____ Position/Occupation: _____

If self-employed, number of years self-employed: _____

Household income range: \$0-\$25,000 \$25,001-\$50,000 \$50,001-75,000 \$75,001-\$100,000 over \$100,000

Business Information:

Name of company: _____ Type of business: _____

Contact name: _____ Title: _____

Street address: _____ City: _____ State: _____ Zip: _____

Telephone: (_____) _____ URL: _____ E-mail address: _____

Sole proprietorship Partnership Corporation Number of years in business: _____

Business income range: \$0-\$50,000 \$50,001-\$100,000 \$100,001-200,000 \$200,001-\$500,000 over \$500,001

Banking Information: (You must include a blank check with "VOID" written across it for each checking account listed.)

Checking account number: _____ Individual Business

Type: checking money market other

Name of financial institution and address: _____

Date account opened: month _____ year _____ Average daily balance: _____ Overdraft protection? yes no

If joint account:

Joint owner: _____ Driver's license: State: _____ # _____ Date of birth: _____ (mm/dd/yy)

Additional checking account:

Checking account number: _____ Individual Business

Type: checking money market other

Name of financial institution and address: _____

Date account opened: month _____ year _____ Average daily balance: _____ Overdraft protection? yes no

If joint account:

Joint owner: _____ Driver's license: State: _____ # _____ Date of birth: _____ (mm/dd/yy)

This application is the sole property of Certegy Check Services, Inc. ("Certegy"). Participating in the Certegy Gold Program is subject to terms, conditions, and rules that Certegy may, at our discretion, adopt from time to time. It is understood that we will verify the above information to determine eligibility. Your signature below authorizes your financial institution to release information concerning the above accounts to Certegy for this sole purpose. In consideration of your acceptance into the Certegy Gold Program, you also agree to pay Certegy a service charge for each dishonored check in accordance with the laws in your state. Certegy reserves the right to remove you from the Certegy Gold Program if one or more of your checks are dishonored.

Your name: (please print) _____

Your signature: _____ Date: _____

Certegy Check Services, Inc. ■ 1.800.282.8720 ■ certegy.gold@certegy.com ■ www.certegy.com

Become a member today. We invite you to join the millions of good check writers who are already receiving the benefits of Certegy Gold. If you manage your financial affairs responsibly, then this offer may be yours for the taking. There is no fee, no card to carry, and you are guaranteed complete confidentiality. Just complete this brief application. Upon approval, we'll notify you of your new Certegy Gold membership status.

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