

CONSUMER REQUEST INFORMATION

We are sorry we cannot open your account due to information on file with ChexSystems, Inc., a National Network for Account Verification and Collection Services. If you have questions about the information, call, fax, or write to ChexSystems *Consumer Relations*. Whether calling, faxing, or writing, you will need to supply the information listed on the lower part of this form. **DO NOT CONTACT UFCU OR ANY OF ITS REPRESENTATIVES TO DISCUSS YOUR ACCOUNT RESULTS.**

CALL: ChexSystems
Consumer Relations
 1-800-428-9623

WRITE: ChexSystems
 Attn: Consumer Relations
 12005 Ford Road - Suite 600
 Dallas, Texas 75234

FAX: 214-241-4772

- PLEASE NOTE:**
1. ChexSystems neither approves nor denies accounts for its member financial institutions. The decision of whether or not to open an account is entirely up to the financial institution and its individual policies.
 2. Any information obtained may be used in an attempt to collect a debt.

Whether calling, faxing, or writing, the information requested below is required to ensure a complete search is performed and information on file with ChexSystems is not released to unauthorized parties.

Name 1 _____
(last) (first) (middle)
 Maiden Name or other Last Names used _____
 Social Security # _____ - _____ - _____ Drivers License # _____ State _____
 Date of Birth _____ Home Telephone # (_____) _____

Name 2 _____
 Maiden Name or other Last Names used _____
 Social Security # _____ - _____ - _____ Drivers License # _____ State _____
 Date of Birth _____ Home Telephone # (_____) _____

Current Address _____
Street P.O.Box City State Zip Code
(Your information will be mailed to the above address, unless otherwise requested.)

PREVIOUS ADDRESSES FOR THE LAST FIVE YEARS (PLEASE INCLUDE PO BOX)

Street	PO Box	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list Name, Tax ID Number, and address of any business/organization accounts you have signed on in the last five years.

Business Name	Title	Tax ID Number	Address
_____	_____	_____	_____
_____	_____	_____	_____

Signature(s) 1. _____ 2. _____