

Rent-A-Center
**Financial
Services**

Check Cashing Customer Information Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____

Social Security #: _____

Name and address of each company whose checks are expected to be cashed:

1. _____

2. _____

3. _____

Type of checks to be cashed: _____

Other types of transactions expected: _____

Types and amounts of transactions expected on behalf of a business:

Attach **legible** copy of photo ID (Drivers license, military service ID, national identification card, passport or other valid government issued photo ID).

CHECK CASHING FEES

| | | |
|------------------|-------|----------------|
| Printed Payroll | 1.00% | |
| Government | 1.00% | |
| Handwritten Pyrl | 2.00% | (copy id here) |
| Insurance | 3.00% | |
| Tax Refund | 3.00% | |
| Cashiers Check | 4.00% | |
| Money Orders | 4.00% | |
| Other | 5.00% | |

I attest that the information I have provided above is true and correct, and I further agree that I understand the fees that may be charged to me for cashing checks.

Customer Signature

Date

TCA1105