



Membership # \_\_\_\_\_

### CHECK CASHING APPLICATION

Name: \_\_\_\_\_  
Last First Middle

Spouse's Name: \_\_\_\_\_  
Last First Middle

Address Apt# How Long?

City State Zip

( ) ( ) ( )  
Home Phone Cell Phone / Voice Mail VF'D

Email Address: \_\_\_\_\_

ID Type

/ /  
Social Security #

Employed By How Long Supervisor Position/Dept

Employer Address City ( )  
Phone

Employer Website Address

Spouse Employed By Address ( )  
Phone VF'D

( )  
Name of Add'l Reference (Not Living With You) Relationship Phone

How did you hear about us?

- internet  Wire Transfer Co  Store Sign / Passing By  Arrow Sign  Coupon
- Friend / Relative  Radio / Cable TV  Yellow Pages  Telemarketing  Other  \_\_\_\_\_

I certify that all of the above information provided by me is true and correct. I authorize EZ CASH ZONE and/or its representatives to contact any company, entity, reference, supervisor or other persons having dealings with me in order to verify this information and to discuss any debts that I owe EZ CASH ZONE. I hereby agree to be bound by the terms of this contract and I assume full responsibility to pay for any check I cash that is returned to EZ CASH ZONE for any reason. If EZ CASH ZONE institutes collection efforts against me, I further agree to pay a minimum returned check fee at \$25 plus all collection costs including court costs, reasonable attorney's fees and expenses incurred to enforce collection of the check and/or to enforce this agreement.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**