Certegy Gold Application

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

To apply, print out this application, complete **Using Captial Letters** 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.
PLEASE REMEMBER TO INCLUDE A VOIDED CHECK WITH THIS APPLICATION

Individual Information: For Personal and Company Checks. (*For Personal Checks Only). Please Use Capital Letters Only

First N | Last N | MI

Home Ph#: ( ) - - CellPh#: ( ) - -

Street Add: | Apt/Unit #:

City: | St: | Zip: -

E-Mail:

*Do you? ☐ Own ☐ Rent How Long? Years Months. If less than one year at current address, please provide previous

*Street Address: | *Apt/Unit #:

*City: | *St: | *Zip: -

Driver's License or State ID (required): State: #

Exp. Date: (mm/dd/yyyy) Date of Birth: SSN:

Employer's name: | Employer's Main Ph# ( ) - -

Position/Title: | Number of years employed | Check if self-employed ☐

*Household income: ☐ $0 - $25,000 ☐ $25,001 - $50,000 ☐ $50,001 - $75,000 ☐ $75,001 - $100,000 ☐ over 100,001

Business Information: Business Section is for Company Checks Only. Please Use Capital Letters Only

Company Name: | FEIN.Tax ID#:

Street Add: | Suite #:

City: | St: | Zip: -

Work Ph#: ( ) - | Ext: ( ) URL:

E-mail: ☐ Sole proprietorship ☐ Partnership ☐ Corp

# of years in business: | Income Range: ☐ $0-$50,000 ☐ $50,001-$100,000 ☐ $100,001-$200,000 ☐ $200,001-$500,000 ☐ $500,001 +

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

Routing # of Your Financial Institution: | Account #:

Account Type: ☐ Checking ☐ Money Market ☐ Other Name of financial institution:

Date Account opened: Month | Year: | Average daily balance: | Overdraft protection? ☐ Yes ☐ No

If joint account, please print joint's following information

First N: | Last N: | MI:

Home Ph#: ( ) - - Cell Ph#: ( ) - -

Street Add: | Apt/Unit #:

City: | St: | Zip: -

Driver's License or State ID (required): State: #

Exp. Date: (mm/dd/yyyy) Date of Birth: SSN:

Additional Checking Accounts:

Routing # of Your Financial Institution: | Account #:

Check Type: ☐ Personal ☐ Business Account type: ☐ Checking ☐ Money Market ☐ Other

Date account opened: Month | Year | Average daily balance: | Overdraft protection? ☐ Yes ☐ No

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.