globalpayments

FACT Act Disclosure Form:

*= Required

Consumer Information Details

*First Name: _____
*Last Name: _____
*U.S Social Security #: _____-_____-_____
*Date of Birth: ____-____-_____ *(mm dd yyyy)*

U.S Driver's License or State ID: _____
State of Issuance: _____
Email: _____

Banking Data

*Bank Routing Number: _____
Bank Routing Number is located on your check at the far bottom left and is made up of nine (9) digits)

*Bank Account Number: _____

Address Details

*Address Line 1: _____
*Address Line 2: _____
*City: _____
*State: _____
*Zip (Postal Code): _____
Telephone Number: _____-_____-_____

Please return your completed form to:

Global Payments Check Services LLC
Attn: FACT ACT Support
PO Box 480357
Niles, IL 60714-0357