

MEMBERSHIP APPLICATION – CHECK CASHING



| | | | | | | | |
|--|--------------|--|--------------------|---------------|--------------|------------|---------------------|
| Last Name | | First | MI | Date of Birth | | | Social Security No. |
| Street Address | | City | | State | Zip | | Home Phone |
| Driver's Lic/ID No. | State Issued | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Height | Weight | Eyes | Hair | Cell Phone |
| Employer | | | Position/Job Title | | | Supervisor | |
| Work Address | | | City | State | Zip | | Work No. |
| Reference Name (Not living with you) | Street | City | State | Zip | Relationship | Home No. | |
| Reference Name (Not living with you) | Street | City | State | Zip | Relationship | Home No. | |
| How did you hear about us? (circle one) | | | | | | | |
| Yellow Pages Drive By Friend/Family TV Radio Pennysaver Mailer Internet Other: _____ | | | | | | | |

IMPORTANT: PLEASE READ BEFORE SIGNING

Pursuant to Uniform Commercial Codes 3.302, 3.207(2), 3301, 3413.2, if a check is cashed for value without notice of defect, in good faith and to the payee named on the instrument, a STOP PAYMENT order may not be enforced against the holder in due course (the check casher). California Civil Code section 1719 provides for damages of three (3) times the face value of the check with a minimum of \$100.00 and a maximum of \$1,500.00 in addition to the face value of the check.

Please be aware that we do our best to prevent fraud. In the event that someone presents us with a STOLEN, FORGED, FICTITIOUS, COUNTERFEIT, or tampered instrument, WE DO PROSECUTE TO THE FULLEST EXTENT OF THE LAW. You acknowledge that you are responsible for all return unpaid checks, REGARDLESS OF THE REASON FOR THE RETURN, and you agree to promptly repay the amount of the returned check. All returned checks are subject to a \$25.00 return item charge.

Right Thumb Print

Right Forefinger Print

Applicant's Signature: _____ Date: _____