

FAST PHIL'S CHECK CASHING COURTESY CARD APPLICATION

DATE_____

Please print name as shown on your checking account.

LAST NAME_____FIRST_____MI_____

SPOUSE'SNAME_____

MAILING ADDRESS_____

STREET ADDRESS_____

CITY_____STATE_____ZIP_____

HOME PHONE_____CELL PHONE_____

PERMANENT DRIVER'S LICENSE (NC ONLY)_____DOB_____

SPOUSE'S DRIVER'S LICENSE (NC ONLY)_____DOB_____

DO YOU OWN_____RENT_____HOW LONG_____

BANK NAME_____HOW LONG_____

CHECKING ACCOUNT NUMBER_____

By signing this form, I am giving Fast Phil's permission to verify the above information. I understand Fast Phil's reserves the right to cancel the use of this card at any time.

SIGNATURE_____

SPOUSE'S SIGNATURE_____

Please mail to: Fast Phil's, P.O. Box 111, Statesville, NC 28687

Att: Customer Service Dept.

or Fax to: 704-872-1788

OFFICE USE ONLY	APPROVAL DATE_____
	DISSAPPROVAL_____