Certegy Check Services, Inc.

FACT Act Free Annual File Disclosure Request Form

To receive a free consumer file disclosure listing the information about you in Certegy's files, please mail or fax a signed copy of this form to:

Order by Mail	**Certegy Check Services, Inc.** **Attn: CFDR Request** **PO Box 30046** **Tampa, FL 33630-3046**
Order by Fax	**(727) 570-4936**

Individual Information (this form is for Consumers only):

Please use capital letters only. Required fields are marked with an asterisk (*).

First N* _____ Last N* _____ MI ___

Street Add* _____ Apt/Unit#* _____

City* _____ St* ___ Zip* _____ - _____

Telephone # (___) - ___ - ____

Personal Identification Information:

While at least one of the following forms of identification is required, including all of the requested information will ensure the most complete file disclosure. Certegy stores information using these identifiers and may not be able to locate all of your records if they are not provided.

Routing # of Your Financial Institution: _____ Account #: _____

Government Issued Identification (e.g. Driver's License, Passport, Military ID, etc.)

ID Type: _____

State: ___

ID Number: _____

Social Security Number or ITIN: ___ - __ - ____

By signing my name below, I affirm that I am the named person above and that I am authorized to submit this request. I understand that obtaining information under false pretenses is illegal and that obtaining a report for someone other than myself is punishable by law and can result in fines, imprisonment, or both.

Your name: (please print) _____

Your signature: _____ **Date:** _____

CERTEGY

Rev 05/2016