



Order Your Report Offline

Obtaining information under false pretenses is illegal. Obtaining a report on someone other than yourself is punishable by law, and can result in fines and/or imprisonment.

In order for Chex Systems, Inc. to properly identify the information contained in your consumer file, please provide the following information:

Last Name _____

First Name _____

Middle Name _____

Maiden name or other last names used _____

Address*
(Street, PO Box, Apt #) _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Phone Type** Home ____ Cell ____

U.S. Social Security # _____ **Birth Date** _____

U.S. Driver's License # _____ **State of issuance** _____

*ChexSystems will correspond with you at the above address unless you request otherwise

Addresses of any other residences you have had in the past five years

Address
(Street, PO Box, Apt #) _____

City _____ State _____ Zip _____

Address
(Street, PO Box, Apt #) _____

City _____ State _____ Zip _____

Address
(Street, PO Box, Apt #) _____

City _____ State _____ Zip _____

Signature _____ Date _____

Order by Mail	Chex Systems, Inc Attn: Consumer Relations 7805 Hudson Rd, Suite 100 Woodbury, MN 55125
Order by FAX	Fax to 602.659.2197

FREE ANNUAL FILE DISCLOSURE REQUEST

Important Notice: Obtaining information under false pretense is illegal. Obtaining a file on someone other than you is punishable by law.

To process your request please complete the form below. **Please Print Clearly.** (An unreadable request form will be returned to you as unprocessed. An unsigned form will be returned to you as unprocessed. A form received without a legible and valid driver's license, or other government issued photo ID will be returned to you unprocessed.)

1. NAME											
LAST NAME:	FIRST NAME:	MIDDLE NAME:									
MAIDEN NAME (Or other last name used):											
2. ADDRESS INFORMATION*											
Your File Disclosure will be mailed to this address only if it matches the address on your government issued photo ID, otherwise provide additional proof of this address such as a utility bill, mortgage statement, lease agreement, etc.											
ADDRESS * (Street, PO Box, Apt. #):	CITY:	STATE:	ZIP:								
3. IDENTITY INFORMATION											
SOCIAL SECURITY NUMBER:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>										
(Do not include hyphens or dashes when printing your Social Security Number above.)											
DRIVER'S LICENSE NUMBER : <small>(photo copy still required) If your address does not match the address listed on your government issued photo ID, further proof of address will be required. Examples: Photocopy of utility bill, mortgage statement, lease agreement, etc.</small>	STATE DRIVER'S LICENSE ISSUED:										
DATE OF BIRTH: MONTH (MM) _____ DAY (DD) _____ YEAR (YYYY) _____											
<input type="checkbox"/> GIVE ME MY SCORE											

SIGNATURE: _____ **DATE:** _____

TO ORDER BY MAIL: **PO Box 5717, Clearwater, FL 33758 (Mail this form, a copy of government issued photo ID.)**
 TO ORDER BY FAX: **727-712-9040 (Fax this form and a copy of government issued photo ID.)**

* Please note that your File Disclosure will be mailed to this address. If you wish to receive this file via FAX, please provide your FAX number, below.

FAX: _____ **BY PROVIDING YOUR FAX NUMBER, YOU AUTHORIZE CLARITY SERVICES, INC. TO FAX YOUR FILE.**

CV.03.03102015

clarityservices.com | consumers@clarityservices.com

P.O. Box 5717 | Clearwater, FL 33758 | Ph. 1.866.390.3118 | F. 727.712.9040

THE CREDIT BUREAU FOR MIDDLE AMERICA





By Mail:

TeleCheck Services, Inc.
Attention: Consumer Resolutions-FA
P.O. Box 4514
Houston, TX 77210-4514

Request your TeleCheck File Report

You are entitled to a free copy of your credit report upon your request once per year, or if you have been denied credit based upon a TeleCheck credit file within the last 60 days.

We ask for your personal information, like social security number, because TeleCheck stores information by unique identifiers such as a driver's license or social security number or bank number(s). TeleCheck may not be able to find your records or all of your records by a simple search of your name. And, we ask for this information to ensure that the search we conduct will be complete and accurate.

To protect consumer's privacy, we communicate only with the individual to whom the information pertains.

NAME: _____
MAIDEN NAME OR FORMER NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
SOCIAL SECURITY NUMBER: _____
DRIVERS LICENSE NUMBER: _____
DATE OF BIRTH: _____
DAY TIME PHONE NUMBER: _____

To verify your identity, with your request please include:

- a daytime contact phone number
- a copy of your driver's license
- your social security number
- a copy of a voided check

Sincerely,

Signature: _____

Date: _____

IMPORTANT: OBTAINING INFORMATION UNDER FALSE PRETENSES IS ILLEGAL. OBTAINING A REPORT ON SOMONE OTHER THAN YOU IS PUNISHABLE BY LAW AND CAN RESULT IN FINES AND IMPRISONMENT



CONSUMER REPORT REQUEST

If you have recently been denied a loan from one of our lenders, their decision may have been based, in part, on the information provided to them by Teletrack. You are entitled to receive a copy of that same information free of charge. Please complete the form below and return the form to our office:

By Mail:

CoreLogic Teletrack
P.O. Box 509124
San Diego, CA 92150
Attention: Consumer Disputes Department

Or By Fax: 800-237-6526

To process your request for a Teletrack consumer report, the following information is required:

Application Date: _____ Company Name: _____

Last Name: _____ First Name: _____ MI: _____

Maiden Name or Other Last Names: _____

Social Security Number: _____ DOB: _____

Driver's License Number: _____ State: _____

Address: _____

City: _____ State: _____ Zip: _____

Addresses of any other residences you have occupied in the last five years:

Address 1: _____

Address 2: _____

Address 3: _____

Request an Investigation: Upon reviewing a copy of your consumer report, you believe information contained on your report is inaccurate, you may request a dispute reinvestigation by calling 1-877-309-5226. CoreLogic Teletrack will initiate a dispute reinvestigation on your behalf free of charge.

**** This form will not be considered complete unless you have signed your name in the designated place and included a copy of your Driver's License.**

Signature: _____ Date: _____

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