

# Payday Advance Application



Membership# \_\_\_\_\_

Opened By \_\_\_\_\_

## Personal Information (Please Print)

First Name	Middle Initial	Last Name
Home Address	City	State Zip
Social Security #	Date of Birth	Home Phone #
- -	( ) -	( ) -
Driver's License	Exp Date	State
Email Address	@	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	Monthly Payment \$	Amount Requested \$
Landlords Name	Address	Phone Number ( ) -
Spouses Name and Work Number		

## Employment Information

Employers Name	Phone ( ) -	Your Direct Work Phone Number and Extension
Address	City	State Zip
Supervisor's Name /Title	Ext	Hire date / /
		Department Name Position
Next Payday	<input type="checkbox"/> Every Week <input type="checkbox"/> Every other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	Direct Deposit Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer Website Address		

## Bank Information

Bank Name	Account Number	Debit Card Number	Open Since?	Balance Today
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## Three References (Not living with you)

Parent/Relative	Relationship	Phone ( ) -
Address	City	State Zip
Friend/Relative	Relationship	Phone ( ) -
Address	City	State Zip
Friend/Relative	Relationship	Phone ( ) -

Do you have any other payday advances due within the next 30 days? Yes  No

If Yes, Total Due: \_\_\_\_\_ What is the due date? \_\_\_\_\_

Do you have any garnishments against you? Yes  No

How did you hear about us?  Internet  Wire Transfer Co.  Store Sign/passing by  Arrow Sign

Coupon  Friend / Relative  Radio / Cable/ TV  Yellow Pages  Telemarketing  Other \_\_\_\_\_

I certify under penalty of perjury that the information provided is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I hereby authorize Cash Plus and/or its representatives to contact any company, entity, reference, supervisor or other persons having dealings with me in order to verify information and to discuss any debts that I owe Cash Plus.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## For Office Use Only

Day of the Week paid:  Sun  Mon  Tue  Wed  Thu  Fri  Sat Day(s) of Month Paid: \_\_\_\_\_ &

Approved PRA Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ TeleTrack Verified By \_\_\_\_\_

Verification: Pay Stub  Employment  Bank Statement  Account Open  Phone bill  Called #

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## Covered Borrower Identification Statement

**Federal law provides important protections to active duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require you to sign one of the following statements as applicable:**

I AM a regular or reserve member of the Army, Navy, Marine Corps, Air Force or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer.

Print your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I AM a dependant of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am an individual for whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date.

Print your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ **OR** \_\_\_\_\_

I AM NOT a regular or reserve member of the Army, Navy, Marine Corps, Air Force or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer (or a dependant of such a member).

Print your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Warning: It is important to fill out this form accurately. Knowingly making a false statement on a credit application is a crime.**