

Verification Form

-- PLEASE PRINT LEGIBLY -

| Legal First Name: | |
|---|---|
| Legal Middle Name: | |
| Legal Last Name: | |
| Maiden Name: | |
| E-mail associated with ProPay account: | |
| Referring Affiliation (if applicable): | |
| Consultant ID (if applicable): | |
| Social Insurance Number (optional): | |
| Date of Birth: | |
| Phone Number: | |
| Current Street Address (no PO Box) | Prior Address (if you have moved within the last 2 years): |
| | |
| | |
| Signature: | |
| Today's Date: | |
| **You must supply at least | one legible item from each section ** |
| Identity Verification | Address Verification (must match address on application) |
| Driver's License | Voided check |
| Military ID State ID | Utility bill Bank statement |
| State ID Passport | Social Insurance Card (optional) |
| Please email this form and all required documentation to verify@propay.com. | |

Alternatively, you can mail your information to:

ProPay c/o Account Validation Department 3400 North Ashton Blvd #200 Lehi, UT 84043 USA

Pursuant to applicable laws, ProPay, Inc. must obtain, verify, and record certain identifying personal information in order to open an account and complete the validation process. This means that in order to open an account, we may request your name, address, date of birth, and other documents and information that will allow us to properly identify you. The personal information you provide will be held in strict confidence by ProPay and will not be sold or otherwise distributed to third parties. The information you provide will be kept on record at the office of ProPay, Inc. listed above only as proof of the completion of the verification process.