

CHECK CASHING APPLICATION AND AGREEMENT

Applicant Information

Name: Last	First	M.I.	Social Security Number	Date of Birth
Current Street Address			Apartment Number	Phone Number
City	State	Zip Code	Cellular Phone #	

Employment Information

Employers Name	Phone Number	Drivers License/ID #
Position	Supervisor/Department	State

Reference Information

Nearest Relative Not Living With You	Relationship	
Address		
City	State	Phone Number
Nearest Relative Not Living With You		
Address		
City	State	Phone Number

I understand that you may refuse to cash any check for me in your sole discretion. I understand that I am personally liable to you if any check cashed for me is dishonored for any reason, including (but not limited to) a dispute between me and any other party to the check. I authorize Layton Cash Advance, LLC., its affiliates and assigns, to initiate a charge to any checking account of mine, by electronic funds transfer or otherwise, in order to satisfy any unpaid obligation of mine. Electronic debit authorization is not a condition of any extension of credit and may be terminated by me at any time on written notice. In the event that any check you have cashed for me is dishonored, I agree to pay you a dishonored item fee (up to the maximum extent permitted by law), plus all of your costs and expenses of collection, including reasonable attorneys' fees. I understand that you will perform services for me solely in reliance on the truth of my statements to you on this card. I hereby consent and submit to the nonexclusive personal jurisdiction of the courts of the state in which the maker of any unpaid check which you have cashed for me has its office or domicile.

Right Thumb Print

X	_____	_____
	Signature of Applicant	Date
	_____	_____
	Check Processor	Branch No.



EMPLOYEE USE ONLY

- MAKER BANK APP PH EMP