

REQUEST FOR DISCLOSURE OF CONSUMER REPORT INFORMATION

1. Provide the following required information and legible documents:

- ✓ All five sections of this form completed and signed, including all required information marked with an (*)
- ✓ A copy of your valid state-issued identification document or passport; and,
- ✓ A copy of the first page of your bank statement or a voided check showing that you are an owner or authorized signer on the account for each bank account that you would like us to research

2. Send to:

GIACT Systems, LLC
P.O. Box 1116
Allen, TX 75013
Telephone: 833-802-8092

PLEASE NOTE: Providing additional information may help us in identifying archived information that we may have about you. Incomplete information or missing documents may result in a delay of our ability to provide information to you. To protect your privacy, we communicate only with the individual to whom the information pertains. The information provided on this form and any supporting documents will be used to ensure you are entitled to receive the information.

Section 1: Consumer Information

| | | | |
|---|------------|------------------------------------|------------------------|
| *Full Name: | | | |
| Last Name | First Name | Middle Name | Suffix (Sr., Jr., III) |
| Alias or Maiden Name: | | | |
| Last Name | First Name | Middle Name | Suffix (Sr., Jr., III) |
| Date of Birth (MM/DD/YYYY): ____/____/____ Social Security Number: _____ | | | |
| State-Issued ID or Passport Number: _____ | | Issued By: _____ | |
| *Routing Number: _____ | | *Bank Account Number: _____ | |
| Routing Number: _____ | | Bank Account Number: _____ | |
| (Provide additional bank account and routing numbers on a separate sheet, if necessary, along with supporting docs) | | | |
| If known, the name of the merchant that verified your account information: _____ | | | |

Section 2: Address Information

***Current Address** (to which the disclosure will be mailed, unless you specify another method below):

| | | | | |
|---------|-----------------------|------|-------|-----|
| Address | Apt./Suite/Fl. Number | City | State | ZIP |
|---------|-----------------------|------|-------|-----|

Previous Addresses for the past 2 years (If you have lived at your current address for less than 2 years, please provide your address history for the past 2 years. Please use a separate piece of paper, if needed):

| | | | | |
|---------|-----------------------|------|-------|-----|
| Address | Apt./Suite/Fl. Number | City | State | ZIP |
| Address | Apt./Suite/Fl. Number | City | State | ZIP |

Section 3: Disclosure Format

***How would you like the disclosure results provided to you? Via:**

Mail to my current address (as written above)

Secured Email at: _____

(Note: if this option is selected, you will receive your Disclosure of Consumer Report Information via an encrypted email.)

Section 4: Your Personal Information

Your bank account details will be truncated (or limited) to the last 4 digits on your disclosure to protect your privacy.

Section 5: Contact Information

***Telephone Number:** _____

***Email Address:** _____

***SIGNATURE:** _____

***Date:** _____