



REQUEST FOR DISCLOSURE OF CONSUMER REPORT INFORMATION

1. Provide the following required information and documents:

- checkbox All three sections of this form completed and signed, including all required information marked with an (*)
checkbox A legible copy of your state-issued identification document or passport; and,
checkbox 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

2. Send to:

GIACT Systems, LLC
P.O. Box 1116
Allen, Texas 75013
Fax: 469.424.0887
Telephone: 833.802.8092

PLEASE NOTE: 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 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 (DD/MM/YYYY):
State-Issued ID or Passport Number: Issued By:
*Bank Account Number: *Routing Number:
If known, the name of the merchant that verified your account information:

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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
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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
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Address	Apt./Suite/Fl. Number	City	State	ZIP
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Section 3: Disclosure Format

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

- Mail to my current address (as written above)
- Telephone at: _____
- Secure email to: _____

(Note: if this option is selected, you will be sent a link to access GIACT's secure email system to download your disclosure of consumer report information.)

Section 4: Contact Information

***Telephone Number:** _____

***Email Address:** _____

***SIGNATURE:** _____

***Date:** _____