



**CHECKFREEPAY CORPORATION OF NEW YORK**

**BACKGROUND INVESTIGATION CONSENT**

I, \_\_\_\_\_, hereby authorize CheckFreePay Corporation of New York and/or its third party vendors to create and report an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including arrest and conviction data, as well as plea bargains, deferred adjudications, and delinquent conduct as committed as a juvenile and those maintained by both public and private organizations and all public records. I understand that this background investigation is part of the procedure of processing and confirming the information contained on my Credit Application and/or obtaining other information which may be material to my qualifications and eligibility to become an Agent for CheckFreePay Corporation of New York. I understand that as long as I remain an Agent for CheckFreePay Corporation of New York, the background investigation may be repeated at any time and Agent status may be terminated immediately based on the results of those investigations.

I release CheckFreePay Corporation of New York, and hold harmless, all of its affiliates, subsidiaries, officers, directors and employees and/or its third party vendors and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the sources used. I understand that if I am denied Agent status based on information obtained in the background investigation, I may request, in writing, a copy of the report. I will allow a photocopy or facsimile of this consent form to be as valid as the original for the purposes outlined herein by CheckFreePay Corporation of New York and/or its third party vendors.

I hereby consent to the background investigation and attest that the following is my true and complete legal name and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Full Name Printed

\_\_\_\_\_  
Maiden Name or Other Names Used

\_\_\_\_\_  
Present Address

How Long?

\_\_\_\_\_  
City/State

Zip?

\_\_\_\_\_  
Former Address

How Long?

\_\_\_\_\_  
City/State

Zip?

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Signature

Date