

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

- Driver's License
- Military ID
- State ID
- Passport

Address Verification

(must match address on application)

- Voided check
- Utility bill
- Bank statement
- 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