Texas Department of Banking
Check Verification Entities
Initial Registration Form

Before completing this registration, please read Texas Business & Commerce Code § 523.052, Texas Finance Code § 11.309, and Title 7, Texas Administrative Code, Chapter 35.

Responses to all questions must be provided. Indicate if the answer is “None” or “Not Applicable.”

Section I. General Information

<table>
<thead>
<tr>
<th>Q.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Registrant’s full legal name:</td>
</tr>
<tr>
<td>2.</td>
<td>State of domicile or formation of Registrant:</td>
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<tr>
<td>3.</td>
<td>Registrant’s trade names or assumed names in use in Texas:</td>
</tr>
<tr>
<td>4.</td>
<td>Registrant’s principal business location (street address, city, state, and zip code):</td>
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<tr>
<td>5.</td>
<td>Registrant’s mailing address:</td>
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<tr>
<td>6.</td>
<td>Registrant’s website address:</td>
</tr>
<tr>
<td>7.</td>
<td>The person responsible for this registration:</td>
</tr>
</tbody>
</table>

Name  
Title  
Business Telephone Number  
Business Fax Number  
E-mail Address
8. The person responsible for supervising compliance with Texas Business & Commerce Code § 523.052, Texas Finance Code § 11.309, and Title 7, Texas Administrative Code, Chapter 35:

________________________________________________________________________
Name
________________________________________________________________________
Title
________________________________________________________________________
Business Telephone Number
________________________________________________________________________
Business Fax Number
________________________________________________________________________
E-mail Address

9. The person responsible for resolving technical issues related to the transmission of information to Registrant through the Texas Department of Banking’s secure electronic notification system known as the Closed Account Notification System (CANS):

________________________________________________________________________
Name
________________________________________________________________________
Title
________________________________________________________________________
Business Telephone Number
________________________________________________________________________
Business Fax Number
________________________________________________________________________
E-mail Address

10. The schedule for information systems maintenance that may affect the receipt of information by Registrant through CANS:

________________________________________________________________________

11. The person responsible for notifying the Texas Department of Banking if Registrant’s system is being reconfigured or an unexpected outage occurs outside of the planned maintenance window specified above:

________________________________________________________________________
Name
________________________________________________________________________
Title
________________________________________________________________________
Business Telephone Number
________________________________________________________________________
Business Fax Number
________________________________________________________________________
E-mail Address
12. Is the Registrant a “consumer reporting agency” as defined in and subject to the federal Fair Credit Reporting Act (15 U.S.C. 1681 et seq.)?

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**Section II. Texas Department of Banking Transmission Credentials **CONFIDENTIAL**

Username: ____________________________
Password: ___________________________  Expiration Date: ___________________________

**Section III. Certification**

The Registrant attests that it (1) has merchant clients in Texas, and (2) compiles and maintains files on consumers on a nationwide basis regarding consumers’ check-writing history for those merchants.

I hereby certify that I am authorized to file this registration on behalf of the Registrant, and that all information submitted in connection with this registration, including all schedules, exhibits, attachments, and related correspondence, is true and correct, to the best of my knowledge.

I hereby certify that, pursuant to Title 7, Texas Administrative Code § 35.17, the Registrant will notify the Texas Department of Banking of any changes in the information submitted in connection with this registration not later than the 30th day after the date of the change.

Registrant ____________________________
By: Printed Name ____________________________
Title ____________________________
Signature ____________________________
Date ____________________________

**Section IV. Submission of Registration and Required Fee**

The annual registration fee is $100. Submit this registration and the fee by check payable to the **Texas Department of Banking** to the following address:

Texas Department of Banking
Corporate Activities Division
2601 North Lamar Blvd., Suite 300
Austin, TX 78705-4294

Direct any questions regarding this registration to **corpapp@dob.texas.gov**.