

**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

1. Registrant’s full legal name:

2. State of domicile or formation of Registrant:

3. Registrant’s trade names or assumed names in use in Texas:

4. Registrant’s principal business location (street address, city, state, and zip code):

5. Registrant’s mailing address:

6. Registrant’s website address:

7. The person responsible for this registration:

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.)? _____

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.