

## 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 Security Number: \_\_\_\_\_

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 Security Card

Please email this form and all required documentation to [verify@propay.com](mailto: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