



## Authorization to Obtain Consumer Reports

First Name: Matthew Middle Name: \_\_\_\_\_

Last Name: Bachelder

SS #: 989-89-8989 Date of Birth: 02/14/1975

Street Address: 1405 Marion Dr

City Dallas State: TX Zip: 75042

Prior Address: none

City: none State none Zip none

Driver's License # 9876567898767 State TX

I authorize PAYGO Distributors to conduct a background check on me. I understand that in connection with this background check, consumer reports may be obtained. I understand that such reports may include, without limitation, public record information concerning my driving record, and criminal records from federal, state, local and other agencies, which maintain such records. I understand that I may request a copy of my background check report.

I hereby, authorize PAYGO Distributors to procure such consumer report(s). This authorization shall remain on file and shall serve as ongoing authorization for PAYGO Distributors to procure consumer reports at any time.

Applicant Signature \_\_\_\_\_ Date Mon Jul 04 16:37:02 CDT 2016