

screening **ONE**

Questions Contact us at:
Ph: 888-327-6511 ext. 119
Fx: 888-216-1003

PAYMENT INFORMATION/AUTHORIZATION FOR BACKGROUND CHECK

Please type or clearly print all information

Select Payment Method:

Cashier's Check in the amount of \$45 payable to Screening One, Inc.

Money Order in the amount of \$45 payable to Screening One, Inc.

Credit Card Authorization

Debit Card Authorization

Type of Card: _____(Example: Visa, MasterCard, Amex)

Name on Card: _____

Credit Card Number: _____

Expires (month/year): _____ Security Code: _____

Billing Address on card: _____

Checking Account ACH please provide a voided check

Bank Name: _____

Account Number: _____

Routing Number: _____

Name of Bank Account: _____

Signed: _____ Date: _____