

**Your Exchange
Check Cashing Agreement**

Store _____
Referral _____
For Your Exchange Use Only

First _____ Middle _____ Last _____

Birthdate _____ SSN _____

Home Phone _____ Secondary Phone _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Email Address _____

By Signature hereon, I agree to pay as a deduction from check proceeds due to me; any fees and/or charges uniformly imposed on checks of like amount and type from time to time. I agree to pay a return check charge in the event any check cashed by me is returned to Your Exchange for any reason. Such charge may be set from time to time, but not less than \$30.00. I agree that Your Exchange may offset (deduct) any sums owed to it by me, for any reason, including but not limited to, return checks, over tendered checks, and acts of vandalism committed against Your Exchange property, from any check offered to Your Exchange for cashing. I agree that all checks are accepted at my risk. In the event Your Exchange retains an attorney to collect sums owed by me to Your Exchange, I will pay all reasonable attorney fees and court costs in addition to face amount of returned checks and all other costs deemed appropriate. Nothing herein shall require Your Exchange to accept any checks presented by me.

Customer Signature

Date

All of the information above is true to the best of my knowledge .