

## CASH ACCOUNT APPLICATION

**NAME:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**PO BOX:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PA DRIVER'S LICENSE #:** \_\_\_\_\_

I confirm that the above information is accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

NOTE: A valid picture ID must be present to verify the above information prior to approval. Valid ID includes a current Driver's License with your current address included.

\_\_\_\_\_  
GR Mitchell Staff Signature