



Exception Form

-- PLEASE PRINT LEGIBLY --

Legal First Name: _____

Legal Middle Name: _____

Legal Last Name: _____

Maiden Name: _____

E-mail Address for Account: _____

Account Affiliation (if applicable): _____

Consultant ID (if applicable): _____

Social Security Number: _____

Date of Birth: _____

Current Address (no PO Box please)

Prior Address (if you have moved within the last 2 years):

Daytime Phone: _____

Evening Phone: _____

Signature: _____

Today's Date: _____

- ✓ Legible Copy of Driver's License
- ✓ Legible Copy of voided check (For address verification)

Please fill out all of the above information and include all of the above requested documentation and send to:

Account Validation Department
ProPay
3400 North Ashton Blvd
Suite 200
Lehi, UT 84043 USA
 Fax Number: 801-341-5302
 E-mail: exceptions@propay.com

Pursuant to applicable laws, ProPay, Inc. must obtain, verify, and record certain identifying personal information in order to open an account and complete the validation process. This means that in order to open an account, we may request your name, address, date of birth, and other documents and information that will allow us to properly identify you. The personal information you provide will be held in strict confidence by ProPay and will not be sold or otherwise distributed to third parties. The information you provide will be kept on record at the office of ProPay, Inc. listed above only as proof of the completion of the verification process.