

SUSPECTED UNAUTHORIZED CHECK CASHER INFORMATION FORM

1. Name of Suspected Business _____

2. Primary Business of the Store _____

3. Address _____

City/State/Zip Code _____ Phone# _____

4. Hours M-Fri ____ - ____ Sat ____ - ____ Sun ____ - ____

5. What type of financial services take place? (please check)

	Service Provider (i.e. Western Union, Order Express, RiaVia etc.)	Rate chart visible? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Money Orders	_____	
<input type="checkbox"/> Transmission of money	_____	
<input type="checkbox"/> Bill payment	_____	
<input type="checkbox"/> Other _____	_____	
<input type="checkbox"/> Check Cashing	_____	

6. Types of checks being cashed:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Payroll | Fee charged for check cashing? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Insurance | |
| <input type="checkbox"/> Government | Rate chart posted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Money Orders | |
| <input type="checkbox"/> Other _____ | I.D. required to cash checks? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Do signs advertise check cashing ? Yes No Sign Location Inside Outside

7. Receipt to customer? Yes No

8. Is there a cage structure in the business? Yes No

9. Single owner or chain operation? Single Chain

10. Estimated volume of activity _____

11. Business license visible? Yes No

Issued by what governmental body? _____

Legal name of business _____

Licensed to perform what business _____

Your name and contact info: _____

Please mail this form along with pictures (if available) to:
CCEA, 1400 E Touhy Ave, Suite 405, Des Plaines, IL 60018