

Complete Applicant Name (First, Middle, Last)

Name of Entity (Existing or Proposed)

### BACKGROUND CHECK AUTHORIZATION FORM

TO WHOM IT MAY CONCERN:

I hereby authorize the Department of Banking and Finance (Department) to obtain criminal history data on the undersigned in his/her capacity as a director, officer, principal, owner, policymaker, manager or employee of the above entity. I understand this will be a FBI criminal background check. Also, pursuant to Section 7-9-7 of the Official Code of Georgia Annotated and the Rules of the Department of Banking and Finance, the Department is authorized to obtain information regarding character, ethical reputation and financial responsibility. Such information and any conviction data received by the Department shall be used by the Department for the exclusive purpose of carrying out the responsibilities of this article, shall not be a public record, shall be privileged, and shall not be disclosed to another person or agency except to any person or agency which otherwise has a legal right to inspect the file. In order to facilitate this inquiry, I understand that I must provide the information below. The Department will notify me if further information is required. Should the data show that a violation of the Georgia Merchant Acquirer Limited Purpose Bank Act and/or the Rules of the Department of Banking and Finance exists, I understand that the Department may take the appropriate administrative action against me and/or the affiliated entity. The procedures for changing, correcting, or updating a criminal history record is set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34.

**This authorization remains effective as long as I am employed in the Georgia Merchant Acquirer Limited Purpose Bank industry.** A copy of this authorization shall be accepted with the same force and validity as the original.

\_\_\_\_\_  
Type of Government ID Presented

\_\_\_\_\_  
ID Number/Expiration

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Print Alias

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sex  
(M or F)

\_\_\_\_\_  
Race  
B – Black  
W – White  
I – American Indian or  
Alaskan Native  
A – Asian or Pacific Islander  
H - Hispanic

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness