

NCS NEW USER RECORD TAX RETURN VERIFICATION SERVICE (TRV)

To be completed on all new users of TRV Services (Please Print or Type)

PLEASE FAX BACK TO NCS AT 800-358-5597

Agency Name: _____

Agency Address: _____

Agency Tel: _____

Fax: _____

Agency Contact Person Responsible for New User: _____ Date: _____

Full Name of New User: _____

Short Name of New User (Use up to 30 characters, including spaces.) _____

Address: _____

City: _____ State: _____ Zip: _____

TRV Reports to be used for: Prefunding Quality Control Both Other (explain on reverse side)

Estimate of TRV Reports to be ordered Monthly:
(An estimate of monthly use will help NCS to maintain standard time service.)

CONTACT NAMES WITH NEW USER

Name	Title	Department	Telephone No.	Fax No.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

FCRA and GRAMM -LEACH-BLILEY CERTIFICATIONS

The TRV Report is a "Consumer Report" as defined within the federal Fair Credit Reporting Act (FCRA). Both boxes in this section must be checked and this form signed below in order for NCS to approve the New User for TRV Services.

FCRA The Agency must use reasonable procedures to verify the identity of the New User (**including on-site visitation**). Check this box to certify that the Agency has used such reasonable procedures and the result was a verification of the positive identity of the New User.

FCRA Check this box to certify the Agency has advised the New User of the duties associated with the use, and penalties associated with the misuse, of TRV Services; and to certify the Agency has taken reasonable precautions to verify to its satisfaction that the New User has reasonable procedures in place to ensure the legitimacy of signed forms used to authorize the use of TRV Services.

- **Method TRV Orders To Be RECEIVED by NCS:** _____
- **Method TRV Reports To Be DELIVERED by NCS:** _____
(NOTE: Please be certain to note whether NCS will receive the TRV order directly from your subscriber or your office, and whether the TRV Report should be sent to your subscriber or directly to your office. **If no instructions are given, NCS will follow the default procedure previously defined by you.**)
- **Default E-mail address for NCS's use to confirm Order & notify of completed TRV:** _____

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Agency certifies a contractual agreement is in full force and effect between the New User and Agency regarding the use of TRV Services as specified in the Agreement for Tax Return Verification Services currently in effect between the Agency and NCS, and agrees with the FCRA and Gramm-Leach-Bliley Act Certifications made above.

Agency Authorized Signature: _____ Title: _____