MEMO FINANCIAL SERVICES, INC., MEMO FINANCIAL SERVICES AMERICA, INC., MEMO FINANCIAL SERVICES USA, INC. MEMO FINANCIAL SERVICES NEW YORK, INC.

BILL PAYMENT TRANSACTION REPORT

To Be Completed At Time of Sale and Sent to MEMO For One or More Bill Payments Totaling \$3,000.00 to \$10,000.00

CUSTOMER (SENDER) INFORMATION

Name: Address:	(must be photo ID, Ex: P	(must be photo ID, Ex: PA 123456789; for Passports: USA 123456789) □ Driver's license (ISSUER & No.)			
Occupation: Social Security	Date of Birth:				
Or Alien ID #:					
ACCOUNT HO	LDER INFORMATION (If diff	erent from abo	<u>ove)</u>		
Name: Address:	(must be photo ID, Ex: P	(must be photo ID, Ex: PA 123456789; for Passports: USA 123456789) Driver's license (ISSUER & No.)			
Occupation:	Other (Please Identify)				
<u>B</u>	ILL PAYMENT INFORMATION				
Name of Biller	Account Number on Bill		Amount Paid		
			\$		
			\$		
			\$		
			\$		
TRANSACTION #		OFAC Check:	□ YES	□ NO	
TOTAL AMOUNT OF BILL PAYMENTS: \$_ to this form.)	(If additional spac	e is needed, please u	se an additional	form and attach	
Agent Name:		ID #:			
Agent Address:					
Agent Signature:	DATE OF PURCHASE				

FAX A COPY OF THE COMPLETED FORM TO MEMO FINANCIAL SERVICES, INC. AT 717-214-5966.

FEDERAL LAW REQUIRES YOUR BUSINESS TO KEEP A COPY OF THIS DOCUMENT FOR 5 YEARS.

PRIVACY POLICY: This business does not disclose any nonpublic personal information about money order purchasers to any company, person, or individual except to MEMO or as otherwise required by law. This business restricts access to this document and its contents to those who need to know the information to facilitate the money order purchase or other lawful purpose. This business maintains information safeguards that comply with all federal laws and regulations relating to the protection of nonpublic personal information.