

Please complete all the information requested below. **Your signature in the customer acknowledgement section of the form must be notarized.** Note: *Each Payee/Seller and Payor/Buyer must complete their own form.*

Payee/Seller **Payor/Buyer**

If Payor/Buyer, check applicable box:

I am the primary Payor/Buyer and understand that my SSN/TIN will be used for annual 1098 tax reporting.

I am one of the Payors/Buyers and understand that my SSN/TIN will be used for annual 1098 tax reporting based on my portion of payment which is _____%.

Personal Information			
Name (First, Middle Initial, Last)		SSN/TIN#	Date of Birth
Physical Address		Mailing Address (if different than the physical address)	
Home Phone	Cell Phone	Email Address	
MMN	Password	Password Hint	
ID Type <input type="checkbox"/> Driver's License <input type="checkbox"/> ID Card <input type="checkbox"/> U.S. Passport/Passport Card <input type="checkbox"/> Canadian Passport <input type="checkbox"/> NEXUS Card <input type="checkbox"/> Military ID <input type="checkbox"/> Tribal ID <input type="checkbox"/> Mexican Consular ID <input type="checkbox"/> U.S. Permanent Resident Card			
ID Issued By	ID Number	ID Issue Date	ID Expiration Date
Taxpayer Identification Number (TIN) Certification			
Exempt payee code, if any: _____			
Exemption from FATCA reporting code, if any: _____			
Under penalties of perjury, I certify that:			
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to back up withholding, cross out this line), and 3. I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			
_____ Signature		_____ Date	_____ Taxpayer Identification Number

Automatic Deposit Information

Complete this section if you will be receiving disbursements. Automatic deposits are required.

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name on Account	
Bank Name	Bank Routing Number	Bank Account Number

Automatic Debit Information

Complete this section if you will be making loan or fee payments. Automatic debits are required.

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name on Account	
Bank Name	Bank Routing Number	Bank Account Number

Customer Acknowledgement

By signing below, I acknowledge that the information provided above is true and accurate.

Signature

Date

Printed Name

Notary Acknowledgment

State of _____
County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Witness my hand and official seal this _____ day of _____.

Signature

Printed Name

Notary Public in and for the State of _____.
My appointment expires _____.