



BEL-GARDEN FOOD MART, INC.

T/A BEL-GARDEN BI-RITE  
3350 BELAIR ROAD BALTIMORE, MARYLAND 21206  
PHONE: (410) 436-4770 FAX: (410) 436-6551

Dear Customer,

Thank you for requesting a Bel-Garden Bi-Rite check cashing application.

- Please be sure to complete the front and the back of the application card.
- Accurate completion will insure prompt processing.

**GENERAL INFORMATION:**

- Print clearly or type information.
- Provide all information requested using "N/A" when not applicable.
- Be sure to sign and date the application.

**PERSONAL INFORMATION:**

- Give full name, as printed on checks.
- Include zip code with address.
- If you are married, we require both spouses have a card on file with us.  
(Husband - Blue Card, Wife - Yellow Card)

**SELF EMPLOYED/BUSINESS OWNERS:**

- If you are a business owner and wish to establish check cashing privileges, please ask for a Business Check Cashing Application.

**AUTHORIZATION FOR BEL-GARDEN BI-RITE TO VERIFY YOUR BANK ACCOUNT:**

- Please fill out the attached form entitled "Authorization Form" and return it to the Courtesy Booth at Bel-Garden Bi-Rite.
- Be certain to include your signature on this form for authorization.
- If more than one financial institution must be contacted, a separate form for each financial institution must be signed. If you need additional forms please request them from the Courtesy Booth.
- Please return the signed form(s) to the Courtesy Booth at Bel-Garden Bi-Rite.
- Bel-Garden Bi-Rite cannot process your application without the signed Authorization Form(s).
- All information concerning your account at Bi-Rite is confidential.

**BANK INFORMATION: [Personal Accounts] and [Self Employed/Business Owner Accounts]**

- Provide bank, account number and branch for all applicable checking accounts (attach additional sheet if needed).
- For Branch - Give location of branch where you FIRST opened account.

IF YOU DO NOT PROVIDE COMPLETE BANK INFORMATION WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION.

**EMPLOYMENT INFORMATION:**

- Provide name of employed as it appears on your payroll checks.
- If you are employed by more than one employer, please list them (attach an additional sheet if needed).
- If you are Self-Employed, please give the name of your business and provide bank, account number and branch for your business account. (Attach additional sheet if needed).
- If you or your spouse own your own business, your business checks will be treated as personal checks (i.e. a limit of two hundred (\$200.00) dollars in a seven (7) day period, including grocery checks.

**PROCESSING YOUR APPLICATION:**

- Please return your completed application into the Courtesy Desk.
- We will need to take a photocopy of a picture ID at this time.
- Upon approval, your Bel-Garden Bi-Rite Check Cashing Card will be mailed you within 4-6 weeks after the application is turned in.

Thank you,  
Check Cashing Application Processor



**BEL-GARDEN FOOD MART, INC.**

**T/A BEL-GARDEN BI-RITE**

5950 BELAIR ROAD BALTIMORE, MARYLAND 21206

PHONE: (410) 426-4770 FAX (410) 426-6591

**AUTHORIZATION FORM**

Date:   /  /  

*With applicants' signatures, this form will be sent To: (Name of Financial Institution) \_\_\_\_\_*

**AUTHORIZATION FOR PERSONAL CHECK CASHING VERIFICATION:**

The following persons listed below have applied for Personal Check Cashing privileges at Bel-Garden Bi-Rite Super Market. Enclosed are the applicants' signatures allowing Bel-Garden Bi-Rite to verify their Personal Check Cashing Account.

JOINT ACCOUNT

- APPLICANT'S NAME: \_\_\_\_\_
- APPLICANT'S NAME: \_\_\_\_\_

I, \_\_\_\_\_ GIVE AUTHORIZATION TO \_\_\_\_\_  
(ACCOUNT HOLDER'S NAME) (FINANCIAL INSTITUTION)

TO RELEASE INFORMATION TO BEL-GARDEN BI-RITE SUPERMARKET REGARDING MY CHECKING ACCOUNT.

I, \_\_\_\_\_ GIVE AUTHORIZATION TO \_\_\_\_\_  
(ACCOUNT HOLDER'S NAME) (FINANCIAL INSTITUTION)

TO RELEASE INFORMATION TO BEL-GARDEN BI-RITE SUPERMARKET REGARDING MY CHECKING ACCOUNT.

MEMBER'S NAME \_\_\_\_\_ MEMBER'S NAME \_\_\_\_\_  
(PRINTED) (PRINTED)

MEMBER'S SIGNATURE \_\_\_\_\_ MEMBER'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

I DO NOT WISH TO GIVE BEL-GARDEN BI-RITE AUTHORIZATION TO VERIFY MY PERSONAL CHECK CASHING ACCOUNT WITH THE ABOVE FINANCIAL INSTITUTION.

Thank you,

Check Cashing Application Processor  
Phone: 426-4770



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## EMPLOYMENT AUTHORIZATION FORM

Date:   /  /  

*With applicant's signature, this form will be sent To: (Name of Employer) \_\_\_\_\_*

### AUTHORIZATION FOR VERIFICATION OF EMPLOYMENT:

The following person listed below has applied for Payroll Check Cashing privileges at Bel-Garden Bi-Rite Super Market. Enclosed are the applicant's signature allowing Bel-Garden Bi-Rite to verify their employment.

- **APPLICANT'S NAME:** \_\_\_\_\_

I, \_\_\_\_\_ GIVE AUTHORIZATION TO \_\_\_\_\_  
(APPLICANT'S NAME) (EMPLOYER)

TO RELEASE INFORMATION TO BEL-GARDEN BI-RITE SUPERMARKET REGARDING MY EMPLOYMENT STATUS.

APPLICANT'S NAME \_\_\_\_\_  
(PRINTED)

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

I DO NOT WISH TO GIVE BEL-GARDEN BI-RITE AUTHORIZATION TO VERIFY MY EMPLOYMENT WITH THE EMPLOYER NAMED ABOVE.

Thank you,

Check Cashing Application Processor  
Phone: 426-4770





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PHONE: (410) 426-4770 FAX (410) 426-6591

## EMPLOYMENT AUTHORIZATION FORM

Date:    /    /   

With applicant's signature, this form will be sent To: (Name of Employer) \_\_\_\_\_

### AUTHORIZATION FOR VERIFICATION OF EMPLOYMENT:

The following person listed below has applied for Payroll Check Cashing privileges at Bel-Garden Bi-Rite Super Market. Enclosed are the applicant's signature allowing Bel-Garden Bi-Rite to verify their employment.

- **APPLICANT'S NAME:** \_\_\_\_\_

I, \_\_\_\_\_ GIVE AUTHORIZATION TO \_\_\_\_\_  
(APPLICANT'S NAME) (EMPLOYER)

TO RELEASE INFORMATION TO BEL-GARDEN BI-RITE SUPERMARKET REGARDING MY EMPLOYMENT STATUS.

APPLICANT'S NAME \_\_\_\_\_  
(PRINTED)

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

I DO NOT WISH TO GIVE BEL-GARDEN BI-RITE AUTHORIZATION TO VERIFY MY EMPLOYMENT WITH THE EMPLOYER NAMED ABOVE.

Thank you,

Check Cashing Application Processor  
Phone: 426-4770

CHK19.DOC

# Bel-Garden Bi-Rite Check Cashing Application

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES  
MARRIED APPLICATION - WIFE

Name \_\_\_\_\_  
Last First Initial

Spouse's Name \_\_\_\_\_  
Last First Initial

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Bank A/C No. \_\_\_\_\_  
Savings  Joint  Personal   
Checking

Form #1020 (10/98)

PLEASE FILL OUT REVERSE SIDE

## EMPLOYMENT DETAILS

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Date Employed: \_\_\_\_\_

(IF MORE THAN ONE JOB) -

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Date Employed: \_\_\_\_\_

I hereby declare that all of the information supplied by me is true and that I will abide by all Bi-Rite check cashing regulations.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**Bel-Garden Bi-Rite Check Cashing Update Card**

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES

**EMPLOYMENT CHANGE**

Employed by \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Date Employed \_\_\_\_\_

**IF MORE THAN ONE JOB**

Employed by \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Date Employed \_\_\_\_\_

I hereby declare that all of the information supplied by me is true and that I will abide by all Bi-Rite check cashing regulations.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**Bel-Garden Bi-Rite Check Cashing Update Card**

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES

Account # \_\_\_\_\_

Name \_\_\_\_\_

last

first

initial

**ONLY FILL OUT INFORMATION THAT HAS CHANGED**

**NAME CHANGE**

Previous Name \_\_\_\_\_

last

first

initial

**CHANGE OF ADDRESS**

New Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

**PLEASE TURN OVER FOR EMPLOYMENT INFORMATION AND SIGNATURE**

# Bel-Garden Bi-Rite Check Cashing Application

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES  
**MARRIED APPLICATION - HUSBAND**

Name \_\_\_\_\_  
Last First Initial

Spouse's Name \_\_\_\_\_  
Last First Initial

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Soc. Sec. No. - -

Driver's License No. \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Bank Savings  Joint  Personal   
A/C No. \_\_\_\_\_ Checking

Form #1020 (10/93)

**PLEASE FILL OUT REVERSE SIDE**

## EMPLOYMENT DETAILS

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Date Employed: \_\_\_\_\_

**(IF MORE THAN ONE JOB) -**

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Date Employed: \_\_\_\_\_

I hereby declare that all of the information supplied by me is true and that I will abide by all Bi-Rite check cashing regulations.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_