

**Early Warning  
Consumer Identification Form**

Please complete all applicable information and **submit the form and a copy of one identification document** to Early Warning by one of the methods provided in the Contact Information section of this form. Please note that this **form is not required** to receive your file disclosure as long as the necessary identifying information is provided to Early Warning.

**Consumer Information**

Last Name	First Name	Middle Initial	Suffix
Name(s) Previously Used			
Mailing Address (include Apt #)	City	State	Zip Code
Current Street Address (if different)	City	State	Zip Code
Daytime Phone #	Alternate Phone #		
Social Security #	Date of Birth		
ID Type:	<input type="checkbox"/> Driver's License	DL #	Issuing State
<b><u>Copy of One type required</u></b>	<input type="checkbox"/> ID Card	ID #	Issuing State
	<input type="checkbox"/> Passport	Passport #	Issuing Country
	<input type="checkbox"/> Other (explain)		

**Account Information**

*(Providing this information is not required but may be helpful in confirming that we have located your specific account information)*

Financial Institution Name	Routing #	Account #

*To list additional accounts, please include on a separate page.*

**Business Entity/Principal Information**

*(For business accounts - also complete Consumer Information section)*

Business Name	Tax ID #		
Business Address	City	State	Zip Code
Position (President, Owner, etc):			

Please send my file disclosure by: ☐ US Mail ☐ Email

Pursuant to the Fair Credit Reporting Act and other applicable laws, I request that Early Warning provide me with a copy of the information in its files pertaining to me as specified in this Form. By submitting this Form, I certify to Early Warning that: (i) I am the consumer identified in this Form, (ii) all information provided herein is complete and accurate, and (iii) I understand that Early Warning may use third party sources to verify that the information I have presented on this Form is accurate and valid. The personal information you provide to Early Warning will only be used to verify your identity for purposes of responding to your request for a file disclosure.

## Contact Information

Please return your completed Consumer Identification Form and a copy of one form of identification (Driver's License, ID Card, Passport or other government issued identification) to Early Warning by mail, fax or you may upload a copy to our Secure Transfer Portal.

Address:

Early Warning  
5801 N Pima Road  
Scottsdale, AZ 85250

FAX:

480-656-6850

To communicate electronically with us, via the Secure Transfer Portal, go to <https://consumerservices.earlywarning.com>. When prompted for the Early Warning email address, enter [consumerservices@earlywarning.com](mailto:consumerservices@earlywarning.com). Follow the instructions on the screen to create your User ID and password, and to upload the documents to be transmitted to Early Warning. If you need technical assistance with the Secure Transfer Portal, please call 800-745-1560.