



Check & Credit Card Payment Form for all SafetyNET Transactions

This form must be completed IN FULL

- If the form is not complete, the entire submission will be returned to you
- The form must be enclosed as part of your background check submission

SafetyNET Program ID Number _____
 Program Coordinator Name _____

Total Number of Background Checks Requested: _____ x \$18.00 = _____
 * add \$1 if you are paying via credit card to cover processing fee _____
 TOTAL = _____

Volunteer ID number for each background check submission

* Each volunteer ID number must be entered separately. If you are submitting more than six background checks at this time, please enter volunteer ID numbers on an attached page.

Form of Payment: Organizational Check or Credit Card

Check Information (no personal checks)

Check number _____ Amount _____
 *write your SafetyNET ID # in the memo section of your check and staple to this form

Credit Card Information:

Type of Card: _____ Visa _____ Master Card _____ American Express
 Card Number: _____
 Expiration Date: ____/____ (Month/Year)
 Name on Card: _____
 Program Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone: _____ Coordinator email address: _____
 *There is an additional \$1.00 transaction fee for payments made via credit card

Be sure to make a copy of this payment for your records. Your cancelled check or credit card statement will be your receipt.

Authorization for Credit Card Payment:

As the cardholder, I specifically authorize MENTOR/National Mentoring Partnership to charge my credit card in the amount specified above for the SafetyNET background check services provided. I further agree that if my credit card is invalid, I will provide MENTOR with a new valid credit card or an alternate form of payment for any outstanding balances.

Signature: _____
 Printed Name: _____
 Date: _____