



PROPOSAL REQUEST FORM

NAME OF FINANCIAL INSTITUTION:	
NAME OF CONTACT PERSON:	
EMAIL ADDRESS OF CONTACT PERSON:	
PHONE NUMBER OF CONTACT PERSON:	
<p>INTERESTED IN THE FOLLOWING SERVICES: (PLEASE CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> COMPREHENSIVE EDP/IS AUDIT</p> <p><input type="checkbox"/> CERTIFIED TR-39 REVIEW (ATM NETWORK SECURITY AUDIT)</p> <p><input type="checkbox"/> NACHA RULES COMPLIANCE AUDIT (ACH AUDIT)</p> <p><input type="checkbox"/> IT EXAM PREPARATION CONSULTING</p> <p><input type="checkbox"/> INFORMATION SECURITY AWARENESS TRAINING</p> <p><input type="checkbox"/> ID THEFT RED FLAGS TRAINING</p> <p><input type="checkbox"/> BCP TRAINING</p> <p><input type="checkbox"/> OTHER (PLEASE SPECIFY): _____</p>	

PLEASE COMPLETE THE ABOVE FORM AND RETURN IT TO JLA

FORM CAN BE FAXED TO 478.953.9494
OR EMAILED TO INFO@JLAUDITS.COM