

Missouri Sale of Checks - Proof of Solvency

Mail to: Division of Finance, P.O. Box 716, Jefferson City, MO 65102-0716
Phone 573-751-3463; Fax 573-751-9192

As of _____, 20____

Licensee

Name:

Address:

Prepared By:

Phone Number: ()

Outstanding Checks Sold in Missouri:	\$	
Assets Related To The Above Checks:	\$	
*Demand deposits in federally insured depository institution(s):	\$	
Cash:		
On Hand: \$		
w/Agents: \$	\$	
Readily Marketable Securities:	\$	
TOTAL	\$	

*Names of Institution(s): _____

Affidavit: I, _____, the undersigned, swear or affirm that to the best of my knowledge and belief the statements contained in this report, including the accompanying schedules and statements (if any) are true and that the same is a true and complete statement in accordance with the law.

(Signature)

Subscribed and sworn to before me this _____ day of _____ A.D., 200____, in the City of _____, County of _____, State of _____.

(Notary Public)

My commission expires: _____, 200____.