

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 _____, 2010

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	\$ _____

Check here if business is engaged in money transmission only with no sale of checks.

*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: _____, 20____.