

Missouri Sale of Checks - Proof of Solvency

Return by Email to: connie.street@dof.mo.gov or Fax to (573) 751-9192

As of June 30, 2020

Licensee Name: _____
 Address: _____
 City/State: _____
 Missouri License No: MO-21-_____

Prepared By: _____ Phone Number: _____

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

Check here if business is engaged in money transmission only with no sale of checks or stored value business. No further information is required.

*Names of Institution(s): _____

Company Representative: I, _____, declare under penalty of perjury that I am authorized to sign this form on behalf of the licensee and that the information contained in this form is true and correct.

 (Signature)

 (Date)