STATE OF MISSOURI
DIVISION OF FINANCE

P.O. BOX 716
JEFFERSON CITY, MO 65102

SALE OF CHECKS IRREVOCABLE LETTER OF CREDIT

Requirements for completing form:

1. Issued by a Federally insured banking institution.
2. Signed by banking institution official.
3. Signed by applicant (licensee).
4. Must be notarized.
5. Authorization for Release of Confidential Information must be completed (See reverse side of this form).

AMOUNT (U.S. CURRENCY) $	LETTER OF CREDIT NUMBER	DATE OF ISSUANCE

At the Request of (Licensee's Name) _____

Doing Business as _____

of (County) _____ State of _____

We hereby issue our irrevocable letter of credit, in favor of the Missouri Division of Finance in the sum of _____ available by your demand for payment.

Demands under this irrevocable letter of credit must be accompanied by a statement from the Commissioner of Finance that the licensee, agents and/or subagents have failed to perform faithfully their obligations with respect to the receipt, transmission and payment of money in connection with the sale or issuance of checks.

This obligation shall be deemed automatically renewed on an annual basis absent notice otherwise. The issuing banking institution may cancel the letter of credit on the anniversary date and be released of future liability hereunder by delivering sixty (60) days prior written notice to the Division of Finance at the address shown above. Cancellation shall not affect any liability incurred and accrued hereunder prior to the termination of the sixty (60) day period, provided that drafts drawn hereunder must be tendered within 24 months of the termination date.

We hereby engage with you that demands made in conformity with the terms of this credit will be duly honored on presentation.

In witness whereof, we have duly executed the foregoing this _____ day of _____ 2 ___.

Issuing Bank Institution _____

Address (Street, City, State, Zip Code) _____

Bank Routing Transit Number _____

By: Signature and Title of Bank Official _____

State of _____) ss.
County of _____)

On this _____ day of _____ 2 ___, before me _____, a Notary Public in and for said state, personally appeared _____ known to me to be the person who executed this irrevocable letter of credit and acknowledge to me that he/she executed the same for the purposes therein stated. My Commission expires on the _____ day of _____, 2 ___.

_____
Notary Public

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Banking Institution Name _____

Letter of Credit Number _____

I hereby authorize release of confidential information to the above named banking institution for the purpose of making demand for payment on the letter of credit specified above as long as the obligation remains in force and effect. Release of this information to the named banking institution does not give the banking institution authority to request information other than information concerning the breaches for which a demand for payment is being made. I also release the Commissioner of Finance and Division of Finance personnel from any and all liability pursuant to any disclosure to this banking institution of confidential information resulting from release of subject information under Sections 361.070 and 361.080, RSMo., 1986 and supplements thereto.

Owner _____

Title _____

Owner/Officer Signature _____ Date _____

State of _____)
County of _____) ss.

Subscribed and sworn to before me this _____ day of _____, 2____.
My Commission expires _____, 2____.

_____
Notary Public