



Illinois Department of Financial and Professional Regulation
Division of Banking – Compliance Section
Bureau of Banks, Trust Companies and Savings Institutions
320 West Washington Street – 5th Floor
Springfield, Illinois 62786
Phone: (217) 524-5364 Fax: (217) 557-0330

New Seller or Distributor of Checks Bond

Dept. Code No. _____

Bond No. _____

(Name of Seller or Distributor of Checks)

located at _____
(Address)

_____, a seller or distributor of checks, as principal and

_____ a company duly authorized to transact surety

(Insurance or Bonding Company Name)

business in the State of Illinois, as Surety, are held and firmly bound unto and payable to any party injured under the terms and conditions of this bond, in the full and penal sum of Ten Thousand Dollars (\$10,000) lawful money of the United States of America, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that the above bounded Principal is in the business of selling or distributing checks drawn on Illinois consumer deposit accounts, and at the time of registration, each registrant shall file with the Secretary of the Department of Financial and Professional Regulation proof of a surety bond in accordance with the Check Printer and Check Number Act (205 ILCS 690/), as now or hereafter amended.

PROVIDED, HOWEVER, that this bond shall be continuous in form and may be terminated by the Surety, upon its giving forty-five (45) days notice, by certified mail, return receipt requested, of its intention of termination, such notice to be filed with the Secretary, Department of Financial and Professional Regulation, Springfield, IL.

IN WITNESS, WHEREOF, the said principal has hereunto set his hand and seal, and the said surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this _____ day of _____, _____.

(Signature of Principal)

(Bonding Company Name)

(Printed Name of Principal)

(Address)

(Title)

(City, State, Zip Code)

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(Phone #)

(Signature of Officer)

(Signature of Attorney-in-Fact)

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(Phone Number of Bonding Company)