

EMPLOYEE INTRODUCTION LETTER

Date _____

New York State Banking Department
Licensed Financial Services Division
One State Street, 5th Floor
New York, NY 10005-1511

To Whom It May Concern:

This will introduce _____
Name of Employee (Last, First, Middle)

who is being employed by _____
Name of Check Casher

In the following capacity _____
Employee's position with the Licensee/Applicant

Authorized Signature

Title

Please provide the following information about the employee and mail the completed form to the Banking Department along with the items detailed in our "[Fingerprinting Procedures](#)".

1) Name _____
(Last, First, Middle)

2) Home Address _____
(Number and Street)

3) City _____ State _____ Zip _____

4) Sex _____ Race _____ Eye Color _____ Hair Color _____ Weight _____ Height _____

5) Date of Birth _____ Country of Birth _____

6) Social Security Number _____

Signature of Employee _____

THIS FORM MAY BE REPRODUCED