

EMPLOYEE INTRODUCTION LETTER

Date _____

New York State Department of Financial Services (DFS)
Licensed Financial Services
One State Street, 5th Floor
New York, NY 10005-1511

To Whom It May Concern:

This will introduce _____
(Employee's Last Name, First Name, M.I.)

who is being employed by _____
(Name of Check Casher)

In the following capacity _____
(Employee's position with the Check Casher)

(Signature/Title of Authorized Representative of the Check Casher)

Please complete the information below about the employee and mail the completed form to DFS along with the items detailed in "Fingerprinting Procedures" posted on the DFS website.

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 _____