



STATE OF WYOMING

DEPARTMENT OF AUDIT

DIVISION OF BANKING

(307) 777-7797 Fax (307) 777-3555 Email: marlene.aitchison@wyo.gov

Matthew H. Mead
Governor

Michael Geesey
Director

Jeffrey C. Vogel
Commissioner

BOND # _____

SURETY BOND FOR MONEY TRANSMITTERS

KNOW ALL MEN BY THESE PRESENTS, that we, _____, as Principal and _____, a corporation duly incorporated under the laws of the State of _____, and authorized to do business in the State of Wyoming, as Surety, are held and firmly bound unto the State of Wyoming in the principal amount of \$_____ for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, unconditionally by these presents.

In the event that the Principal fails to faithfully perform its obligations with respect to the receipt, handling, transmission, and payment of money in connection with either the sale and issuance of payment instruments or the transmission of money pursuant to W.S. 40-22-101 through 40-22-129, and any rules promulgated pursuant thereto, then the surety shall indemnify and pay to the State of Wyoming or a claimant or authorized representative of a claimant all costs and damages by reason of principals failure to so perform. This bond shall be a continuing obligation of the Surety. The Surety's liability under this bond for any claim that is made there under, either individually, or in the aggregate, shall in no event exceed the principal amount of the bond.

PROVIDED, FURTHER, that the Surety may cancel this bond by giving thirty (30) days prior written notice to the Commissioner of Banking, for the State of Wyoming. In case of cancellation by the Surety, no further obligation shall be incurred under this bond after the expiration of said thirty (30) days, but the liability of the Principal and Surety shall apply as above set out as to any acts or omissions which may have occurred prior to the effective date of such cancellation. The bond shall remain in place for a period of no longer than five (5) years from the date the Principal ceases money transmission operations in this state.

Executed by **Principal** on this ____ day of _____, 20__.

Name of Entity (leave blank if individual)

By: _____

Authorized Signatory to sign for entity/individual

Printed/Typed Name (and Title, if applicable) of Signatory

By: _____

Authorized Signatory to sign for entity/individual

Printed/Typed Name (and title, if applicable) of Signatory

**Acknowledgements on reverse side
must also be completed**

Executed by **Surety** on this ____ day of _____, 20__.

Name of Entity (leave blank if individual)

By: _____

Authorized Signatory to sign for entity/individual

Printed/Typed Name (and Title, if applicable) of Signatory

By: _____

Authorized Signatory to sign for entity/individual

Printed/Typed Name (and title, if applicable) of Signatory

Place Surety Seal Here

Acknowledgments

For Principal:

State of _____)
County of _____) ss.

The foregoing instrument was acknowledged before me by, _____
this _____ day of _____, 20____.

Witness my hand and official seal.

Notary Public

My commission expires: _____

(NOTARIAL SEAL)

State of _____)
County of _____) ss.

The foregoing instrument was acknowledged before me by, _____
this _____ day of _____, 20____.

Witness my hand and official seal.

Notary Public

My commission expires: _____

(NOTARIAL SEAL)

For Surety:

State of _____)
County of _____) ss.

The foregoing instrument was acknowledged before me by, _____
this _____ day of _____, 20____.

Witness my hand and official seal.

Notary Public

My commission expires: _____

(NOTARIAL SEAL)

**ATTORNEY GENERAL'S OFFICE:
APPROVAL AS TO FORM**
