Oregon Department of Consumer and Business Services Division of Financial Regulation

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881 Mailing address: P.O. Box 14480, Salem, OR 97309-0405

503-378-4140 • Fax: 503-947-7862

http://dfcs.oregon.gov



CHECK CASHING ANNUAL REPORT

ORS ch. 697/OAR 441-755 As of Dec. 31, 20__.

Note: This report is due by April 1 for the prior calendar year (January through December).			
Name of licensee:	License no.:		
License location: Street			
Street	City	State	ZIP
Complete the following information for checks cashed in the past calendar year:			
The <u>total number</u> of payment instruments cashed:			
The total dollar amount of all payment instruments cas	hed:	\$	
The total amount of fees charged for all payment instru	ments cashed:	\$	
		_	
This report was completed by:		Date:	
Phone number:	E-mail address:		

