

**STATE OF NEW JERSEY  
Department of Banking and Insurance  
Office of Consumer Finance**

**Check Casher Notice of Change of Public Accountant or Bank Account**

Licensee Name: \_\_\_\_\_ Reference No. \_\_\_\_\_

**Accountant: N.J.S.A. 17:15A-38. Licensee to engage services of public accountant**

c. If a licensee changes the public accountant used to assist in the maintenance of the licensee's records of the check cashing business, the licensee shall notify the department within 15 days of the date a change is made and provide the department with the information required pursuant to subsection d. of section 10 of this act.

Previous Public Accountant: (Name and Address)

\_\_\_\_\_  
\_\_\_\_\_ as of date \_\_\_\_\_

Current Public Accountant (Name and Address)

\_\_\_\_\_  
\_\_\_\_\_ as of date \_\_\_\_\_

**Bank Account: N.J.S.A. 17:15A-44. Responsibilities of licensee – A licensee shall:**

g. Inform the department if any bank account number changes or if any bank account is closed.  
Closed Bank Account (Name and Address and Account Number)

\_\_\_\_\_  
\_\_\_\_\_ as of date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

New Bank Account (Name and Address and Account Number)

\_\_\_\_\_  
\_\_\_\_\_ as of date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CHECK CASHER OWNER OF RECORD:**

\_\_\_\_\_  
Signature Printed Name \_\_\_\_\_ Notice Date: \_\_\_\_\_

Please complete this notice and email to: [DOBI.OCF@dobi.nj.gov](mailto:DOBI.OCF@dobi.nj.gov)