



## AUTHORIZED DELEGATE CERTIFICATION

**ATTENTION: YOU MUST COMPLETE THIS FORM AND RETURN IT TO MEMO!**

Mail: PO Box 8863, Camp Hill PA 17001-8863

Fax: 800-715-3590

E-mail: [jfrady@memoco.com](mailto:jfrady@memoco.com)

Authorized Delegate (Agent) Name: \_\_\_\_\_

Authorized Delegate (Agent) Number: \_\_\_\_\_

### **PRODUCTS:**

This business, an authorized delegate of MEMO Financial Services, Inc., MEMO Financial Services America, Inc., MEMO Financial Services New York, Inc., or MEMO Financial Services USA, Inc., certifies that it offers the following products and/or services for sale in its business from MEMO or any other company:

Money Orders:	<input type="checkbox"/>	Travelers Checks:	<input type="checkbox"/>
Money Transfer:	<input type="checkbox"/>	Currency Exchange:	<input type="checkbox"/>
Bill Payment:	<input type="checkbox"/>	Check Cashing:	<input type="checkbox"/>
		Stored Value (prepaid phone and credit cards):	<input type="checkbox"/>

This business certifies that it has adopted an anti-money laundering program that contains policies and procedures for each product and/or service checked off above and that the policies and procedures includes the MEMO Agent Anti-Money Laundering Manual for MEMO money orders and/or bill payment services. This business further certifies that it is in compliance with all applicable federal and state anti-money laundering laws, rules and regulations and will provide MEMO with documentation of employees that have trained.

**COMPLIANCE OFFICER OF BUSINESS:** \_\_\_\_\_  
(Print Name)

**AN INDEPENDENT REVIEW OF YOUR ANTI-MONEY LAUNDERING PROGRAM WAS PERFORMED BY:**

\_\_\_\_\_  
(PRINT NAME) (CANNOT BE THE SAME AS COMPLIANCE OFFICER)

Date of Independent Review: \_\_\_\_\_

Print Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Please send the following to MEMO: Most recent copy of Independent Review  
Most recent Employee Training Log