



State of Connecticut
Department of Banking
Consumer Credit Division
260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR OFFICE CLOSURE FORM
Payment Instruments, Money Transmission

Instructions:

1. Please complete this form when notifying the Connecticut Department of Banking of an office closure.
2. Please return original license(s) to the Connecticut Department of Banking.

Request for closure will not be processed until ALL the necessary forms are received in the Consumer Credit Division at the Connecticut Department of Banking. Any questions, please contact Nancy Wawruck at 860-240-8221 or via e-mail at nancy.wawruck@ct.gov.

License Number(s) _____

Name of Licensee _____

DBA Name (if applicable) _____

Effective Date of Office Closure _____

Name of person completing this form _____ Date: _____

Telephone # _____ E-mail Address _____