



# Certification of Requisite Filing under the Debt Adjustment Act

Office of the Attorney General, Consumer Protection Division  
40 Capitol Square SW, Atlanta, GA 30334 • debtadjustment@law.ga.gov

Name of Company: \_\_\_\_\_

Contact person: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

I certify that I have attached the following documents and that they are in compliance with *O.C.G.A. Section 18-5-1 et seq.*:

- Annual audit report for the period* \_\_\_\_\_:
  - Prepared by third-party certified public accountant
  - Issued on \_\_\_\_\_ [date]

- Proof of insurance coverage showing that policy:*
  - Covers employee dishonesty
  - Covers depositor's forgery
  - Covers computer fraud
  - Limits are not less than the greater of over \$100,000 or 10% of monthly average of aggregate deposit of all debtors for immediately preceding 6 months
  - Was issued by a company rated at least "A-" or its equivalent by a nationally-recognized rating organization
  - Provides for 30-day advance written termination notice to the Office of the Attorney General, Consumer Protection Division

\_\_\_\_\_  
**Signature**

*Sworn to and subscribed before me, this*

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**