SURETY BOND FOR DEFERRED PRESENTMENT SERVICE PROVIDER

NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS
CONSUMER DIVISION
SFN 52923 (06-2026)

1200 Memorial Hwy
Bismarck, ND 58504
Telephone (701) 328-9933
Fax Number (701) 328-0290
Email: dfi@nd.gov
Website: www.nd.gov/dfi

Bond Number

Name of Principal
Name of Corporation
Organized and existing under the laws of the State of

KNOW ALL MEN BY THESE PRESENTS:

that the above-named Principal and Corporation are authorized to do business in the State of North Dakota, as Surety, are held and firmly bound unto the State of North Dakota in the principal amount of

$ _____ for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, unconditionally by these presents.

In the event that the Principal fails to faithfully comply with all the provisions of North Dakota Century Code Chapter 13-08, as the same may be amended from time to time, and any rules promulgated pursuant thereto, then the bond shall be forfeited and paid to the State of North Dakota or a claimant or authorized representative of a claimant. This bond shall be a continuing obligation of the Surety. The Surety's liability under this bond for any claim that is made thereunder, either individually, or in the aggregate, shall in no event exceed the principal amount of the bond.

PROVIDED, FURTHER, that the Surety may cancel this bond by giving thirty (30) days prior written notice to the North Dakota Department of Financial Institutions at Bismarck, North Dakota. A copy of said notice of cancellation shall also be sent to the Principal. Any required notice shall be sent by registered or certified mail, return receipt requested. In case of cancellation by the Surety, no further obligation shall be incurred under this bond after the expiration of said thirty (30) days, but the liability of the Principal and Surety shall apply as above set out as to any acts or omissions which may have occurred prior to the effective date of any cancellation or other termination of this bond.

Name of Licensee	
Signature of Officer of the Firm	Date
Name of Surety Company	
Signature of Officer (Surety)	Date
Title of Officer (Surety)	

(Seal)

Effective Date