



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize the Missouri Department of Labor and Industrial Relations, Division of Employment Security, to release confidential information to _____ for the purpose

of making demand for payment on letter of credit number _____ as long as the obligation remains in force and effect. Release of this information to the named banking institution does not give the banking institution authority to request information other than information concerning the delinquent periods for which a demand for payment is being made. I also release the Missouri Department of Labor and Industrial Relations, Division of Employment Security, and Division personnel from any and all liability under section 288.250, RSMo, resulting from the release and disclosure of confidential information to this banking institution.

In witness whereof I, (We) have duly executed the foregoing this _____ day of _____, 19 _____.

Lessor Employing Unit

Typed and Printed

Unemployment Contribution Account Number

Owner/Officer

Signature

Name and Title

Typed and Printed

Before me personally appeared _____ who acknowledges that s/he signed the foregoing as his/her free act and deed.

I have hereunto set my hand and affixed my official seal at my office in this _____ day of _____, 19 _____.

My term expires _____

Notary Public

MODES-4354-3 (10-97)
Cont.



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

IRREVOCABLE LETTER OF CREDIT

TO: Missouri Department of Labor and Industrial Relations (Beneficiary)
Division of Employment Security
P.O. Box 59
Jefferson City, MO 65104-0059

Amount U.S. \$ _____ Letter of Credit Line

Date of Issuance _____

At the Request of _____

Doing business as _____

of _____ State of _____

We hereby issue our irrevocable letter of credit in favor of the Missouri Department of Labor and Industrial Relations, Division of Employment Security, in the sum of _____ dollars (\$ _____) available by your demand for payment.

Demand under this irrevocable letter of credit must be accompanied by a statement of delinquent contributions, payments in lieu of contributions, penalties and interest due the Missouri Department of Labor and Industrial Relations, Division of Employment Security, and marked "Drawn against irrevocable letter of credit number _____."

This obligation shall be deemed automatically renewed on an annual basis for a period of not less than five (5) years from the date of this letter. This credit will expire in full and finally five (5) years from the date of issuance. The issuing banking institution may cancel the letter of credit and be released of future liability hereunder by delivering sixty (60) days' prior written notice to the Missouri Department of Labor and Industrial Relations, Division of Employment Security, at the address shown above. Cancellation shall not affect any liability incurred and accrued hereunder prior to the termination of the sixty (60)-day period.

Upon receipt of notification, you may make your one (1) demand for payment for the unused balance of this irrevocable letter of credit, mentioning thereon our letter of credit number _____ accompanied by your signed statement that the agreement is still outstanding and that the proceeds of the payment will be retained and used in lieu of the letter of credit with any unused portion to be returned to the accountee.

We hereby engage with you that demands made in conformity with the terms of this credit will be duly honored on presentation.

In witness whereof, we have duly executed the foregoing this _____ day of _____, 19 _____.

Issuing Bank Institution

Address City, State, Zip Code

Bank routing transit number By _____ Signature and Title of Bank Official

Before me personally appeared _____ who acknowledges that s/he signed the foregoing as his/her free act and deed.

I have hereunto set my hand and affixed my official seal at my office in this _____ day of _____ 19 _____.

My term expires _____ Notary Public

MODES-4354 (10-97)
Cont.