

Acceptable Payment Forms

Checks

YOUR NAME
123 YOUR STREET
YOUR CITY, STATE, ZIP
(123) 456-7890

9-5678/1234 0301

Date _____

Pay to the Order of _____ \$ _____

YOUR FINANCIAL INSTITUTION
ANYTOWN, USA

For _____

⑆ 1234567890⑆ 0301 123456789⑆

- ❖ Must be made payable to LSBC or La. State Board of Cosmetology

NO TEMPORARY CHECKS!

Personal Check Error – Must be initialed by the check writer where the error is made

Money Orders

MoneyGram Money Order

INTERNATIONAL MONEY ORDER

203782230498

PAY TO THE ORDER OF _____

AMOUNT \$100.00
ONE HUNDRED DOLLARS

PURCHASER'S SIGNATURE _____

RECEIBO

Cashier's Checks

CASHIER'S CHECK No. 1234567890 3673

DATE _____

PAY TO THE ORDER OF _____ \$ _____

AMOUNT _____ DOLLARS

LOCATION: Bank Name
123 First St.
Any City, US 10101

⑆1234567890⑆ ⑆1234567890⑆ ⑆7890⑆5673⑆

- ❖ No scratches on the “Pay to the order of” line
- ❖ No scratches on the “Purchaser’s Signature” line
- ❖ If the name is incorrect, put the correct name in the memo section