

# State of California Treasurer's Office

STO 4000  
New 1/2019

## Investment Division

### Time Deposit Information Form

In order for our office to complete your account, it is necessary that your firm provide us with the following information (Please Print/Type):

**Full Name of Financial Institution:**

**Date Completed:**

**Check One:**    **Bank**                      **Thrift**                      **Credit Union**  
**Federal**                                      **State**

**Charter Type:**

**Primary Contact Person/Alternative:**

<b>Negotiate Transactions</b>	<b>Primary Contact:</b>	<b>Secondary Contact:</b>		
Name:				
Title:				
Address:				
	(City, State, Zip Code)	(County)	(City, State, Zip Code)	(County)
Telephone Number:				
Fax Number:				
Mobile Phone Number:				
Email Address:				

<b>Interest Payments</b>	<b>Primary Contact:</b>	<b>Secondary Contact:</b>		
Name:				
Title:				
Address:				
	(City, State, Zip Code)	(County)	(City, State, Zip Code)	(County)
Telephone Number:				
Fax Number:				
Mobile Phone Number:				
Email Address:				

<b>Collateral Transfer</b>	<b>Primary Contact:</b>	<b>Secondary Contact:</b>		
Name:				
Title:				
Address:				
	(City, State, Zip Code)	(County)	(City, State, Zip Code)	(County)
Telephone Number:				
Fax Number:				
Mobile Phone Number:				
Email Address:				

<b>Wire Instructions (Inst. On wiring funds to your Bank)</b>
Name of Correspondent Bank:
ABA Number:
Account Name/Number:
Attn:
Further Instructions:

**Name of Financial Institution:**

**Company Website Address:**

**Depository Information – Collateral Account**

Name of Depository Bank:

Account Number:

Address:

(City, State, Zip Code)

Attn:

Telephone Number/Fax Number:

Mobile Phone Number:

Email Address:

**Other Required Contact Information**

**Board Chairman**

Name:

Address:

(City, State, Zip Code)

Telephone Number:

Fax Number:

Email Address:

**President/CEO**

Name:

Address:

(City, State, Zip Code)

Telephone Number:

Fax Number:

Email Address:

**Chief Financial Officer**

Name:

Address:

(City, State, Zip Code)

Telephone Number:

Fax Number:

Email Address:

Primary Contact Name: \_\_\_\_\_

(Please print)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_