

| WEST VIRGINIA |

# BOARD OF TREASURY INVESTMENTS

## West Virginia Term Deposit Program Application Form

### Contact Information

Name of Financial Institution: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Primary Contact Name:	Secondary Contact Name:
Primary Contact Phone Number:	Secondary Contact Phone Number:
Primary Contact Fax Number:	Secondary Contact Fax Number:
Primary Contact E-mail Address:	Secondary Contact E-mail Address:

### TERM DEPOSIT PROGRAM APPLICATION AFFIRMATIONS AND SIGNATURE

The financial institution above stated hereby covenants, agrees and acknowledges:

1. The financial institution understands and agrees to (1) the West Virginia Term Deposit Program (TDP) Guidelines, (2) this registration, (3) any bid it submits, and (4) abide by the TDP Guideline with any bank account it provides; and
2. The person signing this Registration and the Primary and Secondary Contacts listed on this Application are authorized to bind the financial institution, to submit bids and to provide bank account information all in accordance with TDP Guidelines.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Date

#### **BTI Use Only**

Is an approved State Depository

Added to Participant Database

Application Scanned

\_\_\_\_\_

Date Received

\_\_\_\_\_

Reviewer

\_\_\_\_\_

Confirmation Sent