



BANK DEPOSIT REQUEST

BANK INFORMATION			
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Bank Name			
Primary Contact	Name/Title:		
	Phone:	E-Mail:	
	Address:		
	City	State	Zip

DEPOSIT REQUEST	
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Amount Requested: \$	Interest Rate: %
Term: Overnight () Months _____	
Reason:	

BANK FINANCIAL INFORMATION	
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Total Loans, net: \$	Total Deposits: \$
Loan to Deposit Ratio: %	State Deposits/Total Deposits: %
Total Assets: \$	Risk Based Capital Ratio: %
Return on Assets: %	Return on Equity: %
CRA Rating: Outstanding () Satisfactory () Needs to Improve () Non-compliant ()	
Current Amount of State Treasury Deposits: \$	Member of SAFE: Yes () No ()

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Signature of Bank Representative

Date

Fax or email the completed form to: Fax: (334) 242-4242

E-mail: cash.management@treasury.alabama.gov

For Treasury Use Only

Date Received:	Action By:
Action:	