

State of Kansas Certificates of Deposit

Date: _____

Financial Institution Name:

Home Office Address:

Information Provided By:

Name

Title

Phone

Correspondent Bank Information for Fed Wires

For future investment transactions with the Pooled Money Investment Board (PMIB), we request that the following correspondent bank/eligible lending institution be utilized for transacting all Federal Reserve wire transfers.

CORRESPONDENT BANK: _____

ABA Number: _____

Account Number: _____

By: _____

(Authorized Bank Officer)

Depository Bank: _____

Address: _____

ABA Number: _____

Telephone Number: _____

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Correspondent Bank Information for ACH Transfer

For future investment transactions with the Pooled Money Investment Board (PMIB), we request that the following correspondent bank/eligible lending institution be utilized for transacting all Automated Clearing House (ACH) debits and credits.

CORRESPONDENT BANK: _____

ABA Number: _____

Account Number: _____

By: _____

(Authorized Bank Officer)

Depository Bank: _____

Address: _____

ABA Number: _____

Telephone Number: _____

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Contact Information

Contact for General Entity

Name: _____ Title: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Phone #: _____ Fax #: _____

Contact(s) for Confirmation of CD Deposits (via email)

Name: _____ Title: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Phone #: _____ Fax #: _____

Name: _____ Title: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Phone #: _____ Fax #: _____

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Contact for Returning Maturing CD to Bank (USPS)

Name: _____ Title: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Phone #: _____ Fax #: _____

Contact(s) for Pledged Collateral

Name: _____ Title: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Phone #: _____ Fax #: _____

Name: _____ Title: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Phone #: _____ Fax #: _____