

| WEST VIRGINIA |

BOARD OF TREASURY INVESTMENTS

West Virginia CD 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:

CDP APPLICATION AFFIRMATIONS AND SIGNATURE

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

1. The financial institution understands the West Virginia CD Program (CDP) Guidelines and agrees it, this registration, any bid it submits and any CD it provides will abide by the CDP Guidelines; 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 CDs, all in accordance with CDP Guidelines.

Printed Name

Authorized Signature

Date

BTI Use Only

Is an approved State Depository

Has a branch in WV

Added to Participant Database

Application Scanned

Date Received

Reviewer

Confirmation Sent