## COLL-91 Form [September 2016]

NC Department of State Treasurer Banking Operations Section sbu.collateral@nctreasurer.com

## **Annual Notification of Accounts by Public Depositor**

Public Depositor:				
Second Quarter Ending: June 30,				
Note: This form is to be completed annually as of the last day of the quarter ending June 30 and received by the North Carolina Department of State Treasurer <u>no later</u> than July 31 of the current year.				
Time of Dublic Deposition				
Type of Public Depositor:				
Local ABC Boards		Library		State Treasurer
Boards		Local Governmental Unit		University
Board of Education		Local School		
Community College	· · · · · · · · · · · · · · · · · · ·			
Hospital (Public & Regional) State Agency			Other	
Bank Name:				
Account Type (Select Demand or Time)	Full Account Number		Account Type (Select Demand or Time)	Full Account Number
Certification by Public Depositor: We, the public depositor, certify that the information contained in this form is true and correct to best of my knowledge and belief. Additionally, we certify that the moneys deposited in the accounts listed above are public funds subject to the requirements of 20 NCAC 07, the rules pertaining to the collateralization of public deposits. Therefore, all amounts above any insurance coverage are to be collateralized according to the rules. The above list includes all accounts with public funds maintained at the above financial institution as of this report date.				
Authorized Signature:				
Printed Name:  Title:				
Phone:				
Email:				
Date:				