

**STATE OF CONNECTICUT TREASURER'S
COMMUNITY BANK & CREDIT UNION INITIATIVE
BANK APPLICATION FORM**



CONTACT INFORMATION

Name of financial institution:

Contact name:

Contact phone number:

Contact e-mail address:

Date approved for program participation:

BANK INFORMATION

		As of Date
Asset Size		
Total Capital Amount		
CRA Rating		
Capitalization Category per Primary Regulator		

APPLICATION PROCESS – The Treasurers Office accepts applications between 8:00 a.m. and 9:30 a.m. EST. Applications must be submitted via this form and emailed to Jan.Hong@ct.gov and marc.gagnon@ct.gov. You will be notified once we receive your application. If you have not heard from us prior to 9:30 a.m., please resubmit and call our office to be certain it has been received.

	CD – 1	CD – 2	CD – 3	CD – 4	CD – 5
Face Amount					
Interest at					
Total P&I at					
Settlement					
Maturity Date					

Please describe any additional collateral or insurance associated with this bid.

Wire Instructions – please list instructions for wiring funds to your institution