COLL-91 Form
[FOD-PRO-1060-FOD December 2022]
NC Department of State Treasurer
Banking Operations Section

Annual Notification of Accounts by Public Depositor

Email completed forms to: sbu.collateral@nctreasurer.com

Public Depositor:	
Bank Name:	

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 no later than July 31 of the current year.

Type of Public Depositor:

☐ Local ABC Boards	☐ Library	☐ State Treasurer
☐ Boards	☐ Local Governmental Unit	☐ University
☐ Board of Education	☐ Local School	
☐ Community College	☐ School System	☐ Other: _____
☐ Hospital (Public & Regional)	☐ State Agency	

Account Type (Select Demand or Time)	Account Number	Account Type (Select Demand or Time)	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: _____