



Office of the Treasurer & Tax Collector
City and County of San Francisco
Investment Division
Time Deposit Information Form

TTX-TDI
9/17

In order for our office to complete your account, it is necessary that your firm provide us with the following information (Please Print/Type):

Full Name of Financial Institution: _____ **Date Completed:** _____

Charter Type: Check One: Bank: Thrift: Credit Union:

Federal: State:

Primary Contact Person/Alternative: _____

Negotiate Transactions	Primary Contact:	Secondary Contact:
Name:		
Title:		
Address:		
	(City)	(State) (Zip Code)
Telephone Number:		
Fax Number:		
Mobile Phone Number:		
Email Address:		

Interest Payments	Primary Contact:	Secondary Contact:
Name:		
Title:		
Address:		
	(City)	(State) (Zip Code)
Telephone Number:		
Fax Number:		
Mobile Phone Number:		
Email Address:		

Collateral Transfer	Primary Contact:	Secondary Contact:
Name:		
Title:		
Address:		
	(City)	(State) (Zip Code)
Telephone Number:		
Fax Number:		
Mobile Phone Number:		
Email Address:		

Wire Instructions (Inst. On wiring funds to your Bank)
Name of Correspondent Bank:
ABA Number:
Account Name/Number:
Attn:
Further Instructions:

Name of Financial Institution:

Company Website Address:

Depository Information – Collateral Account

Name of Depository Bank:

Account Number:

Address:

(City, State, Zip Code)

Attn:

Telephone Number/Fax Number:

Mobile Phone Number:

Email Address:

Other Required Contact Information

Board Chairman

Name:

Address:

(City, State, Zip Code)

Telephone Number:

Fax Number:

Email Address:

President/CEO

Name:

Address:

(City, State, Zip Code)

Telephone Number:

Fax Number:

Email Address:

Chief Financial Officer

Name:

Address:

(City, State, Zip Code)

Telephone Number:

Fax Number:

Email Address:

Primary Contact Name: _____
(Please print)

Signature: _____

Title: _____

Date: _____