



Treasurer & Tax Collector

CITY AND COUNTY OF SAN FRANCISCO

José Cisneros
TREASURER

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: _____ **Check One:** **Bank:** **Thrift:** **Credit Union:** **Date Completed:** _____

Charter Type: _____ **Federal:** **State:**

Primary Contact Person/Alternative: _____

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

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

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



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Wire Instructions (Inst. On wiring funds to your Bank)

Name of Correspondent Bank:

ABANumber:

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:



Treasurer & Tax Collector

CITY AND COUNTY OF SAN FRANCISCO

José Cisneros
TREASURER

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: _____