## STATE OF OHIO **OFFICE OF THE TREASURER**

## **APPLICATION FOR NEGOTIATED DEMAND DEPOSIT**

I.	Financial Institution Information
Financia	al Institution Name: FDIC #:
Home C	Office Address (Street/P.O. Box):
City, St	ate, Zip:
Contact	Name/Title:
Address	:
City, St	ate, Zip:
Telepho	ne Number:E-mail Address:
Is the fit Approve Approve	Public Depository Information nancial institution an approved* public depository for interim funds as defined by ORC § 135.01? ed for designation period July 2, 2018–July 5, 2020? (Yes/No) \$ Limit: ed for designation period July 6, 2020–July 3, 2022? (Yes/No) \$ Limit: ial institution not approved as a public depository for interim funds must submit applications for both designation periods.
A finan	<b>Negotiated Demand Deposit Request</b> cial institution can request the lesser of: 1) twenty-five percent (25%) of its Bank Equity Capital; enty-five million dollars (\$25,000,000).
Request	ed negotiated deposit \$:
Request	ed term (up to 6 months):

## IV. Signature

By signing below, the authorized designee of the financial institution requests a negotiated demand deposit from the Ohio Office of the Treasurer and agrees to comply with ORC § 135.03 and OAC 113-7-03 et seq. in that the financial institution shall not receive or have on deposit, at any one time, public moneys, including public moneys as defined in ORC § 135.31, in an aggregate amount in excess of thirty percent (30%) of its total assets.

Printed Name/Title:			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_