



**Department of Consumer and Business Services**

**Division of Financial Regulation — 4**

P.O. Box 14480, Salem, OR 97309-0405

Phone: 503-947-7982, Fax: 503-378-4351

350 Winter St. NE, Salem, Oregon

<http://captive.oregon.gov>

**Bank Deposit  
Confirmation**

**Proposed name of captive:** \_\_\_\_\_

Mail the original, completed form to the following (may fax or e-mail in addition):

Dennis Ault

Fax: 503-378-4351

Oregon Insurance Division

E-mail: [Dennis.M.Ault@oregon.gov](mailto:Dennis.M.Ault@oregon.gov)

P.O. Box 14480

Salem, OR 97309-0405

**Important:** Answer *every* question, and if the answer is “none” or “zero,” please so state.

Bank name: \_\_\_\_\_

Bank phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Bank customer: \_\_\_\_\_

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

The balance for all accounts (list certificates of deposit and other deposits at interest separately).

Amount	Type of account/ account name	Account number	Subject to check withdrawal?	Interest rate

The customer is directly liable to us for loans, acceptances, guarantees, etc. as follows:

Amount	Loan date or discount	Due date	Interest rate and date paid to	Description of liability, collateral security, interests, liens, etc.

The customer is contingently liable as endorser of notes discounted and/or as grantor as follows:

Amount	Name of maker	Date of note	Due date	Remarks

Minimum compensating balance required to be maintained: \$ \_\_\_\_\_

Contingent liabilities, open letters of credit, and relative collateral: \$ \_\_\_\_\_

Restrictions from security agreements under the uniform commercial code or any other agreements (attach a separate page if necessary): \_\_\_\_\_

**Certification**

I certify that the above information, including any attached schedules, is correct.

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

Type name and title here