

West Virginia State Treasurer's Office

Banking Services Division Debt and Securities Management

collateralgroup@wvsto.gov
Phone/Hotline # 304.340.5020



Financial Institution Collateral Method Selection Form

Financial Institution Name: _____

Tax ID: _____

FDIC Certificate # : _____

Please select one box below:

Dedicated Single Bank Method

Multi-Bank Pooled Method

By signing below:

- The Financial Institution acknowledges that it has read, understood, and agrees to comply with all applicable state codes, rules, and requirements set forth for its selected collateral method.
- The Financial Institution acknowledges all deposit accounts and collateralization levels will be monitored by the West Virginia State Treasurer's Office and that any failure to meet the requirements set forth may result in revoked eligibility to hold public funds and/or other legal and financial penalties.

Authorized Signature: _____

Title: _____

Printed Name: _____

Date: _____

Please submit this completed form to CollateralGroup@wvsto.gov.