

**TEXAS DEPARTMENT OF BANKING  
SPECIAL AUDITS DIVISION**

**DEPOSITORY NOTIFICATION FORM**

Permit Holder's Name: \_\_\_\_\_ Permit #: \_\_\_\_\_

Add Depository       Delete Depository       Name Change Only

**Bank Information**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Electronic Mail: \_\_\_\_\_

Type of Account: \_\_\_\_\_

If name change only, please include former bank name:

\_\_\_\_\_

Permit Holder's Owner/Agent Signature: \_\_\_\_\_

Return form to:                      Texas Department of Banking  
Special Audits Division  
2601 N. Lamar Blvd.  
Austin, Texas 78705-4294  
Facsimile Number: (512) 475-1288