

NOTIFICATION OF PUBLIC DEPOSIT

As of: _____, _____

Note: This form is to be filed with each Depository as of June 30 annually.

TO DEPOSITORY	Name of Depository:		
	Street/P.O. Box:		
	City,	State,	Zip Code:

I, the public depositor of the moneys deposited in the below listed deposit accounts do hereby certify that the moneys therein are public deposits subject to the requirements of 20 NCAC 7, the rules pertaining to the collateralization of public deposits; and therefore, all amounts above any insurance coverage are to be collateralized according to the rules. The below list includes all accounts maintained at your institution as of report date. You will be notified of any new accounts opened after the filing of this notification. (Note: Repurchase agreements are not listed since they are not subject to 20 NCAC 7.)

<u>Account Name and Type*</u>	<u>Account Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Includes all demand accounts, savings accounts, NOW accounts, and time certificates.

FROM PUBLIC DEPOSITOR	Name of Public Depositor:	
	Street/P.O. Box:	
	City,	State, Zip Code:
	Type of Depositor and Statutory Reference: (Check one) <input type="checkbox"/> State Treasurer (G.S. 147-69 and 79) <input type="checkbox"/> State Bar (G.S. 84-34.1) <input type="checkbox"/> Governmental Unit (G.S. 159-30 and 31) <input type="checkbox"/> School Administrative Unit (G.S. 115C-443 and 444) <input type="checkbox"/> Community College (G.S. 115D-58.6[b] and 58.7[b]) <input type="checkbox"/> ABC Board (G.S. 18B-702[d]) <input type="checkbox"/> University Medical School (G.S. 116-36.1[h])	
	Signature of Public Depositor:	Date
Name and Title of Public Depositor		

(Public Depositor Submits original to branch office of the Depository (to be forwarded to the home office), and sends duplicate to State Treasurer.)