

**TEXAS DEPARTMENT OF BANKING
NON-DEPOSITORY SUPERVISION
DEPOSITORY NOTIFICATION FORM**

Permit Holder's Name: _____ **Permit #:** _____

☐ **Add Depository** ☐ **Delete Depository** ☐ **Name Change Only**

Bank Information

Bank Name: _____

Address: _____

Contact Person: _____

E-Mail Address: _____

Phone Number: _____

Fax Number: _____

Type of Account: _____

If name change only, please include former bank name:

Owner/Agent Signature: _____

Return form to:

**Texas Department of Banking
Non-Depository Supervision
2601 N. Lamar Blvd.
Austin, Texas 78705-4294
Fax: (512) 475-1288**