

**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: _____

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
Special Audits Division
2601 N. Lamar Blvd.
Austin, Texas 78705-4294
Fax: (512) 475-1288**