

**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**