

State of Colorado
Department of the Treasury

Walker R. Stapleton
State Treasurer



Sandy Tan
Deputy Treasurer

Time Deposit Authorization

I, _____, as (title) _____ of the _____ Bank/Savings & Loan, hereby verify that the following personnel are authorized to submit applications for state time deposit funds by telephone or email. Only one of the following designees should apply at any one time.

1.	_____	_____	_____
	NAME	TITLE	EMAIL
2.	_____	_____	_____
	NAME	TITLE	EMAIL
3.	_____	_____	_____
	NAME	TITLE	EMAIL
4.	_____	_____	_____
	NAME	TITLE	EMAIL

If the authorization is removed for any of the above named personnel at any time, the State Treasurer is to be notified immediately in writing. The Treasurer will be relieved of any responsibility if inappropriate applications are submitted by any of the above designees if such change in authorization is not on file prior to any announced application date.

Signed By

Phone

Date

Mailing Address

Email address

City

St.

Zip