



State of Rhode Island  
Office of the General Treasurer

James A. Diossa  
General Treasurer

Thank you for enrolling your loan in the BankLocal/Community Deposit Program!

The following information should be completed by the **Borrower**:

<b>Borrower Business Name</b>		<b>Borrower Zip Code</b>	
<b>Borrower Business Industry</b>		<b># of Employees</b>	100 Or Less [ ] Under 75 [ ] Under 50 [ ] Under 25 [ ]
<b>Borrower Contact Name and Number</b>			

**Borrower Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Borrower Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing above, the Borrower acknowledges that the loan being issued will be part of the BankLocal/Community Deposit Program operated by the Office of the General Treasurer and releases the above information to said Program. Borrower acknowledges that it may be contacted by the Office of the General Treasurer in connection with the Program. The Office of the General Treasurer is not the Lender and has no influence on the issuance of the loan.

The following information should be completed by the **Lending Bank**:

<b>Lending Bank</b>		<b>Interest Rate on Loan</b>	
<b>Loan Amount (or LOC commitment)</b>		<b>Closing/Renewal Date</b>	
<b>Loan Term</b>		<b>Loan ID Number</b> (Please use an ID that will allow reference back to the loan)	
<b>Loan Type (term, LOC, Capital Access Pgm)</b>		<b>Loan Category</b> (Women/minority-owned businesses or first-time entrepreneurs may be matched 2-to-1)	Standard [ ] Woman-owned [ ] Minority-owned [ ] First-Time Entrepreneur [ ]
<b>Deposit Amount Requested</b>		<b>Rate Offered to Treasury</b>	

**Lender Authorized Individual:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Lender Authorized Individual Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Completed forms may be submitted by email to [cashmanagement@treasury.ri.gov](mailto:cashmanagement@treasury.ri.gov), faxed to the attention of Cash Manager at 401-462-7695, or sent by mail to Cash Manager, Treasury Office, 50 Service Road, Warwick, RI, 02886.