

Oregon Department of Consumer & Business Services
Division of Finance & Corporate Securities
 350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
 Mailing address: P.O. Box 14480, Salem, OR 97309-0405
 503-378-4140 • Fax: 503-947-7862
 http://dfcs.oregon.gov



**APPLICATION FOR
 AUTHORITY TO ORGANIZE A STATE BANK**

To: The director, Department of Consumer and Business Services

I, _____ the undersigned, do hereby make and file with the director, Department of Consumer and Business Services, application for authority to organize a state bank, and to that end, for authority to circulate a stock subscription list for the organization

of _____ to be located at _____,
 bank corporate name

county of _____, state of Oregon.

The aggregate dollar amount of initial paid in capital to be \$ _____.

For the purpose of furnishing information needed by the director, in passing on this application as provided in ORS Chapter 707, we hereby submit the attached information.

Dated this _____ day of _____, 20 _____.

WITNESS my hand and notarial seal the day and year last above written.

(SEAL)

 Notary public for Oregon

My commission expires _____

Enclose payment of \$2,500.

Make check or money order payable to the Department of Consumer & Business Services. If paying by credit card, applicant must sign the credit card information box. Do **not** send cash.

FISCAL USE ONLY: 61110/1001

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: _____ - _____ - _____
_____ Credit card number		_____ Expiration date	
_____ Name of cardholder as shown on credit card			
_____ Cardholder signature		_____ Amount	