

Certificate of Paid-In Capital

Name of Bank/Savings Bank	City, Village or Township
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The undersigned, does hereby certify that capital and surplus of the above-named bank/savings bank in the amount of \$ _____ pursuant to applicable provisions of the Banking Code of 1999, as amended, or the Savings Bank Act, as amended, has been fully paid-in and that the figures indicated below accurately reflect the capital structure of the institution as of the date of this certification. Therefore, issuance of the Director’s Certificate of Authority for the bank/savings bank to conduct business with such capital and surplus is requested:

Preferred Stock (_____ Shares @ \$ _____ Par Value)	\$	
Common Stock (_____ Shares @ \$ _____ Par Value)	\$	
Surplus	\$	
Undivided Profits	\$	
Total Capital Structure	\$	

Officer’s Signature	Date
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Please send completed form to: **DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
ATTENTION: OFFICE OF BANKING
P.O. BOX 30220
LANSING, MI 48909-7720**

Authorized by PA 276 of 1999, as amended, and PA 354 of 1996, as amended. Required to notify Director of capital and surplus payments.



Michigan Department of Insurance and Financial Services

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