

**Oregon State Treasury
Public Funds Collateralization Program
Initial Registration**

User Information

Identify below the members of your staff you would like set up with access to the Public Funds Collateralization Program website. Each bank depository must have at least one Signer and one Security user. There are three permission levels:

Signer – Officer of the bank depository authorized to digitally submit Treasurer Report financial information. Allowed to add, delete or edit permissions for bank depository staff. Able to edit bank depository primary contact information. Also has User level permissions.

User – Able to enter Treasurer Report data, but unable to submit report. Able to view current or past Treasurer Reports.

Security – Able to enter and submit requests for release or pledge of collateral. This level of permission may be independent of, or in addition to, other levels of permission.

Bank Depository Name: _____

Name: _____ Title: _____

Email : _____ Phone number: _____

Login ID: _____ Fax number: _____

Permissions: Signer User Security

Name: _____ Title: _____

Email : _____ Phone number: _____

Login ID: _____ Fax number: _____

Permissions: Signer User Security

Name: _____ Title: _____

Email : _____ Phone number: _____

Login ID: _____ Fax number: _____

Permissions: Signer User Security

Name: _____ Title: _____

Email : _____ Phone number: _____

Login ID: _____ Fax number: _____

Permissions: Signer User Security

If requesting more than four users, please make additional copies of this form.

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Billing Information

Provide billing information in the space below. A link to the invoices will be sent via email.

The State Treasurer may charge bank depositories expenses in connection with the services, duties and activities of the State Treasurer related to ORS 295.001 to 295.108.

Bank Depository Name: _____

Billing Address: _____

Contact Name: _____

Department Name: _____

Phone Number: _____

Fax Number: _____

Email Address: _____