

NMEDD Collateral Assistance Program Lender Participation Application

Financial Institution Name:

Address:

City:

State:

Zip Code:

County:

Contact Person Name:

Title:

Address:

City:

State:

Zip Code:

Phone Number:

E-mail

Financial Institution Routing Number:

Type of Institution (must be federally-insured; circle all applicable):

Federal-chartered bank

State-chartered bank

Credit union

Savings association

Small business investment company

Federal certified not-for-profit community development financial institution

Other certified community development financial institution

Consortium of these foregoing entities

Lending institution that has executed a participation agreement with the SBA under the guaranteed loan program

Combined capital and surplus at most recent fiscal year end:

Number of lending branches in New Mexico:

Regulatory Agency:

Insuring Agency:

Lender applicant is also required to fill out a State of NM W9 form in addition to this application form.

By enrolling in the New Mexico CAP:

- The applicant certifies that the applicant Financial Institution is not subject to a cease and desist order or other regulatory sanction with the appropriate federal or state regulatory body, which would impair its ability to participate in the Program.
- The Financial Institution agrees to follow the Program's procedures
- The Financial Institution agrees to permit an audit of any of its records relating to enrolled loans, and to supply such other information concerning enrolled loans as shall be requested by NM EDD.
- The Financial Institution acknowledges that NM EDD will have no liability to the participating Financial Institution under the Program except from funds deposited in the Certificate of Deposit Account for the participating Financial Institution.

Authorized Signature:

Date:

Printed Name and Title: