

ENROLLMENT FORM

	istolity within the legal community and demonstrate our commitment vil justice, we would like to be a COLTAF Prime Partner. Accordingly,
	erest rate on all COLTAF deposits of at least 75% of the Federal Funds
	hichever is higher. When the Federal Funds Target Rate is expressed as
a range, we understand the	ne rate to be used in determining the leadership threshold is the highest
value in the range. Effect	ve:
Tr.	
	going compliance and eliminate periodic compliance reviews, we elect
	hmark Rate. Accordingly, we agree to pay a net interest rate on all % of the Federal Funds Target Rate, or 0.35%, whichever is higher.
	Target Rate is expressed as a range, we understand the rate to be used in
	Benchmark Rate is the highest value in the range. Effective:
Name of financial institut	ion:
Name of person executing	g this form:
Traine of person executing	, 1011111
Title:	
Contact Person (if differe	nt):
	,
Address:	
Address:	
Telephone:	Email:
Telephone.	
Fax:	Web Address:
I certify that the above sta	atements are true and correct.
Signature:	Date:
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Return this form by mail: COLTAF, 1120 Lincoln Street, Suite 701, Denver, CO 80203 by email: coltaf@legalaidfoundation.org

Thank you for your participation in the COLTAF program!