

**STATE OF NEVADA  
BUSINESS AND INDUSTRY  
DIVISION OF INSURANCE**

**INCOMING FUNDS DEPOSIT NOTIFICATION**

**PAYOR:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

**CONTACT FAX NUMBER:** \_\_\_\_\_

**CONTACT E-MAIL ADDRESS:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

**DATE EXPECTED:** \_\_\_\_\_

**AMOUNT EXPECTED:** \_\_\_\_\_

**PURPOSE/DESCRIPTION OF PAYMENT:** \_\_\_\_\_

**INVOICE OR IDENTIFYING NUMBER(S):** \_\_\_\_\_

**Please e-mail or fax deposit notification prior to transfer of funds to:**

Attn: Kimberly Aubert  
Fax: 775-687-0787  
e-mail: ifn@doi.nv.gov  
Phone: 775-687-0782

<b>NAME:</b>	<b>State of Nevada Treasurer</b>
<b>BANK:</b>	<b>Wells Fargo Bank</b>
<b>ADDRESS:</b>	<b>530 Las Vegas Blvd. S., 2<sup>nd</sup> Floor Las Vegas, NV 89101</b>
<b>ROUTING &amp; TRANSIT #:</b>	<b>121000248 (for both ACH and Wires)</b>
<b>ACCOUNT #:</b>	<b>4000100768</b>

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**FOR DIVISION OF INSURANCE USE ONLY**