***Bank Branch Discontinuance Notice***

This form is to be used by institutions intending to discontinue a branch or multiple branches.

**Institution Information**:Name and address of Institution:

|  |  |  |
| --- | --- | --- |
| Name: *Name* | | |
| Business:  *Business* | | |
| Street:  *Street* | | |
| City:  *City* | State:  *State* | Zip Code:  *Zip Code* |
| Phone:  *Phone* | Email:  *Email* | |

**Point of Contact for Notice:**

|  |  |  |
| --- | --- | --- |
| *Name:*  *Name* | | |
| *Business: Business* | | |
| *Street: Street* | | |
| *City: City* | *State: State* | *Zip Code: Zip Code* |
| *Phone: Phone* | *Email: Email* | |

**Section I - General Information and Instructions**

**Confidential Information:** Applicant(s) may designate all or portions of a document to be confidential to the extent the document contains trade secrets, confidential proprietary information, or other privileged or confidential information, the disclosure of which would cause substantial harm to an institution or impair the safety or soundness of an institution.  Designations of confidentiality must be prominently indicated on the application, documents or attachments thereto.

**Date of Filing/Acceptance**: The date the Notice is received by the Department is the date of filing and acceptance. The Notice and any supporting documents should be emailed to:

[ra-bnbanksupervision@pa.gov](mailto:ra-bnbanksupervision@pa.gov)

**Customer Notice of Discontinuance:** The institution must provide public notice of the discontinuance of the branch or branches to its customers. The public notice, in the form attached hereto in Appendix “A,” should be posted at the branch office for at least 30 days prior to the discontinuance.

**Note:** *Agreement to Purchase Assets and Assume Liabilities:* If a branch or branches will be discontinued due to the purchase of assets and assumption of liabilities of the branch or branches by another institution, the selling institution should provide public notice of the discontinuance of the branch or branches if applicable.

**Certificate of Discontinuance:** Immediately after the Branch has been discontinued the institution is required to file a Certificate of Discontinuance of Branch with the Bureau of Bank Supervision. A sample certificate is attached as Appendix “B.”

**Section II - Board Resolution**

A resolution by the Board of Directors or Trustees substantially in the form attached hereto in Appendix “C” must be provided with this Notice.

**Section III - Information**

1. Provide the location of the branch or branches to be discontinued *(if more than one branch location is involved, attach an addendum with the additional locations with the following information)*:

|  |  |  |
| --- | --- | --- |
| Street:  *Street* | | |
| City:  *City* | State:  *State* | Zip Code:  *Zip Code* |
| County:  *County* |  | |

2. What is the anticipated date for the discontinuance of the branch or branches (*if more than one branch location is involved provide the date for each separate location)*?

|  |
| --- |
|  |

3. State the basis for the institution’s decision to discontinue operations at the branch or branches.

|  |
| --- |
|  |

4. Will operations or accounts from the discontinued location be transferred or consolidated to another branch location?  Yes  No

*If the answer is “Yes”, please indicate to what branch the accounts and operations will be transferred to.*

|  |
| --- |
|  |

**Section IV - Certification**

The undersigned does hereby certify that the information contained herein and contained in any attachments or exhibits hereto are complete, true, and correct. I make this declaration subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to authorities.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Officer |  | Date |
|  |  |  |
| Print or type name |  |  |

Appendix “A”

**Public Notice to be Posted for Depositors**

**[INSTITUTION’S LETTERHEAD]**

**====================================================================**

TO OUR DEPOSITORS:

NOTICE IS HEREBY GIVEN that, pursuant to the provisions of the Pennsylvania Banking Code of 1965, the branch located at [Address of Branch] is to be discontinued.

Effective on [Date], all operations presently conducted at this office will be transferred to our branch located at [Address of Branch].

[Signature]

Date [Name and Title of Officer]

Appendix “B”

**Certificate of Discontinuance of Branch**

**[INSTITUTION’S LETTERHEAD]**

**====================================================================**

Secretary of Banking and Securities

Pennsylvania Department of Banking and Securities

17 North Second Street, Suite 1300

Harrisburg, PA 17101-2290

**CERTIFICATE OF DISCONTINUANCE OF BRANCH**

Dear Secretary:

Pursuant to a Resolution of our Board of [Directors/Trustees] and the prior written notice to the Pennsylvania Department of Banking and Securities, [Name of Institution] has caused a public notice of discontinuance to be posted for a period of 30 days in the lobby of the branch office located at [Address of Branch], in accordance with Section 905(e) of the Pennsylvania Banking Code of 1965. Said branch office discontinued the transaction of business on [Date].

Sincerely,

\_\_\_\_\_\_[Signature]\_\_\_\_\_\_\_

[Name and Title of Officer]

Appendix “C”

## Resolution of the Board of Directors or Trustees of

**(Applicant Institution)**

At a meeting of the Board of Directors or Trustees duly called and held on **(Date)**, the following Resolution was adopted:

WHEREAS, it is determined that a notice should be made to the Department of Banking and Securities of the Commonwealth of Pennsylvania to close a branch located at **(Address of Branch)**;

NOW, THEREFORE, BE IT RESOLVED, , **(Title of Officer)** of this institution, be hereby authorized and directed to prepare and file with the Department of Banking and Securities a Notice, on behalf of this institution, to discontinue the aforesaid branch.

I CERTIFY that the above Resolution was adopted at a meeting of the Board of Directors or Trustees held on **(Date)**; that the same has not been rescinded; that the number of duly elected and qualified Directors or Trustees is **(Number)**; that the number of Directors or Trustees attending said meeting was **(Number)**; and that **(Number)** voted in favor of the Resolution, **(Number)** voted against the Resolution, and **(Number)** abstained from voting on the Resolution.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Secretary