

Karima M. Woods, Commissioner

**DISTRICT OF COLUMBIA COLLATERAL SUPPORT PROGRAM**  
**CSP-AFTF-2021**  
**Annual Fee Transmittal Form**

Cash Collateral Deposit Agreement No. \_\_\_\_\_

Annual Fee Due Date: \_\_\_\_\_

Lender Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Borrower Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Loan Maturity Date: \_\_\_\_\_

Beginning Principal Loan Balance	\$
Beginning Cash Collateral Support Balance	\$
Outstanding Principal Loan Balance at _____ (preceding) Year-End	\$
Year-End Adjusted Cash Collateral Support Balance	\$
Annual Fee % to be paid as a portion of the Year-End Adjusted Cash Collateral Support Balance: _____ %	\$

**Annual Fee Due: \$** \_\_\_\_\_

DISB's Annual Fee payment should be sent within 5 business days of receipt to:

Bank Name: Citibank

Account Number: 30918736

ABA Number: 021000089

Account Name: District of Columbia (DISB) Program Income from Collateral Support

Preceding Year-End Lender Annual Report Attached:  Yes  No