



STATE OF MONTANA

DIVISION OF BANKING & FINANCIAL INSTITUTIONS

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EMERGENCY BRANCH CLOSURE

Pursuant to 32-2-1033, MCA, _____ (*mutual association name*) gives notice to the Montana Division of Banking & Financial Institutions of an emergency branch closure for the following branch. The branch is expected to be closed for more than 48 consecutive hours requiring approval from the Division pursuant to 32-2-1032, MCA.

Address of Branch: _____

Date(s) of Branch Closure: _____

Time(s) of Branch Closure: _____

Anticipated Date of Branch Reopening: _____

Reason for Closure:

Name of Contact Person: _____

Phone Number: _____

Email Address: _____