### C:\Users\tismith\Documents\Bank form updates\BWSR Acronym Logo CMYK (Print).png2021

### Direct Credit Purchase Form

**Account Holder/Authorized Agent Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Account Number: | | BSA: | | | Bank Name: | | |
| Account Holder/Authorized Agent Name | | | | | | | |
|  | | | | | | | |
| Complete Mailing Address (Street, RFD, Box No.) | | | | City | | State | Zip Code |
|  | | | |  | |  |  |
| Phone Number (Office) | Phone Number (Cell) | | E-Mail Address | | | | |
|  |  | |  | | | | |

**Credit Sale Proposal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit Subgroup Letter | Plant Community Type | Price per Credit1 | Number of Credits | Total Cost  (price x number of credits |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total | | |  |  |
| 1 The price per credit must include withdrawal and stewardship fees. | | | | |

**Signature**

By signing this form, I am authorizing that my proposal to be reviewed for BWSR’s 2021 purchase of wetland bank credits. I certify that, to the best of my knowledge, all information is true, complete, and accurate and that the credits identified above are currently in my bank account and are approved under both the state and federal programs. I understand that if my proposal is selected for the program, that a purchase agreement must be executed with BWSR before payment could be provided and that the cost per credit I have provided will be valid for 180 days after the closure date of the RFP.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Account Holder/Authorized Agent |  | Date |

When this form is complete submit to:

Minnesota Board of Water and Soil Resources

Wetland Mitigation Coordinator, ATTN: 2021 DCP RFP

520 Lafayette Road North

Saint Paul, MN 55155