



Office of the Arizona  
State Treasurer  
1700 West Washington  
Phoenix, AZ 85007  
(602) 604 – 7800  
(602) 542 – 7176 Fax

## Request for Banking Services

Agency Name: \_\_\_\_\_

Division: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Date: \_\_\_\_\_

Banking service being requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Statute reference: \_\_\_\_\_

Reason for request:

\_\_\_\_\_

\_\_\_\_\_

Bank currently being used: \_\_\_\_\_

\* A cost benefit analysis must be completed

### **Treasurer's Office use only**

Bank: \_\_\_\_\_

Price: \_\_\_\_\_

Reference: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of authorization: \_\_\_\_\_

Date: \_\_\_\_\_