



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

## REQUEST FOR AGENCY BANK ACCOUNT

(Agency name)

(Date)

Agency Name:	
Address:	
Phone & Fax:	
Email Address:	

### INSTRUCTIONS:

Submit the completed request form to the Office of the Arizona State Treasurer for authorization. The form should indicate the purpose of establishing a separate bank account, as well as statutory authority to separate funds from general fund monies. All bank correspondence will be forwarded to the account custodian at the agency address listed above. The signature cards should be signed by requesting agency personnel and returned to the respective bank. A copy of the signature card should be placed on file at the Office of the State Treasurer.

### REQUEST AND CERTIFICATION

In accordance with ARS 35-142, I hereby request the establishment of, or changes to, an agency bank account in the name of the agency specified above.

I certify that the bank account will be used for a valid public purpose and will be consistent with applicable statutes, laws, appropriations, grants, and contracts. I also certify that I will administer the bank account in accordance with policies and procedures established by the Office of the Arizona State Treasurer and the Arizona Department of Administration.

The following agency official is the designated custodian of the bank account and is charged with handling and accounting procedures.

_____ Signature of Account Custodian	_____ Signature of Agency Head
Name of Account Custodian <i>(Please Type or Print)</i>	Name of Agency Head <i>(Please Type or Print)</i>
[ ]	[ ]
Title of Account Custodian <i>(Please Type or Print)</i>	Title of Agency Head <i>(Please Type or Print)</i>
[ ]	[ ]

### PURPOSE FOR SEPARATE BANK ACCOUNT:

<b>APPROVAL SIGNATURES</b>	
Treasury Banking Services	Signature of Authorization
_____ <i>Signature and Date</i>	_____ <i>Signature and Date</i>