



REQUEST FOR BANK PORTAL ACCESS

Office of the State Treasurer Arizona
1700 W. Washington Street, Suite 102, Phoenix, AZ 85007
Send completed form to banking@aztreasury.gov
(Type or print information)

Agency and Requestor Information:

Date: _____

Agency Name: _____

Requestor Name: _____

Requestor Email: _____ Phone Number: _____

User Information:

1. User Name: _____ Title: _____

Email: _____ Phone: _____

2. User Name: _____ Title: _____

Email: _____ Phone: _____

3. User Name: _____ Title: _____

Email: _____ Phone: _____

4. User Name: _____ Title: _____

Email: _____ Phone: _____

Bank Portal Requesting Access:

Instructions:

- This form must be signed by the authorized account singer, Administrator, CFO, Controller, Director, or other leadership team member.
- Only the last four-digit of the bank account number is needed. Please do not fill in the full account number.

Request Type	User Name	Account Number	Account Name	Financial Institution

Certification:

I certify that the information collected from the bank portal will be used for valid public purpose and will be in compliance with the state policies and procedures.

Additional Information:

Signature of Requestor

Signature of Approver

Name of Requestor

Name of Approver

Title of Requestor

Title of Approver

Treasurer's Office Use Only

Approved By:

Completed By:

Date: _____

Completed Date: _____