



REQUEST FOR AGENCY DEMAND DEPOSIT BANK ACCOUNT

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: _____

Agency Address: _____

Requestor Name: _____

Requestor Phone Number: _____

Requestor Email: _____

Bank Account Information:

Purpose of Account: _____

Financial Institution: _____

CashPro Company ID:

Existing Company CashPro ID: _____

Requesting New Company CashPro ID:

1. Administrator Name: _____

2. Email Address: _____ Phone: _____

3. Administrator Name: _____

4. Email Address: _____ Phone: _____

Authorized Signer(s) Information:

1. Name: _____ Title: _____

2. Name: _____ Title: _____

3. Name: _____ Title: _____

4. Name: _____ Title: _____

5. Name: _____ Title: _____

6. Name: _____ Title: _____

7. Name: _____ Title: _____

Request and Certification

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 Arizona State Treasurer's Office and the Arizona Department of Administration.

Signature of Requestor_____
Signature of Agency Head_____
Name of Requestor_____
Name of Agency Head_____
Title of Requestor_____
Title of Agency Head**Treasurer's Office Use Only**_____
Received By and Date_____
Approved By and Date

Additional Information:

