



REQUEST FOR BANKING SERVICES

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: _____

Banking Information:

Financial Institution: _____

Bank Account Number: _____ Account Name: _____

CashPro ID: _____ ACH ID: _____

Merchant ID _____ Account Name: _____

Banking Services Being Requested:

Reason For Request:

Statute Reference, If Applicable:

Additional Information:

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:

