



# REQUEST FOR REMOTE DEPOSIT SERVICES

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

**Agency and Requestor Information:**

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

Agency Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

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

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

Requestor Name: \_\_\_\_\_

Requestor Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of Scanners Requesting: \_\_\_\_\_

If requesting more than one scanner, please provide explanation:

Average number of checks scanned per day: \_\_\_\_\_

**Bank Account Information:**

Existing Account Number: \_\_\_\_\_ Current CashPro ID: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_

Requesting New Bank Account: Please complete page 2, "Request for Agency Bank Account for Remote Deposit" form

**RDSO Information, for New Setup Only:**

AFIS Fund for Deposits: \_\_\_\_\_ Adjustments/Returns: \_\_\_\_\_

Will Traveler checks be accepted/ deposited? Yes No

Will third party checks be accepted/ deposited? Yes No

**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:

\_\_\_\_\_

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