West Virginia State Treasurer's Office Division of Cash Management

Request to Open an Outside Bank Account

Spending Unit Name:	Dept #:
Mailing Address:	
Sponding Unit Contact Name:	
Contact Email Address:	
Phone:Fax:	
Request is hereby made to open an account in:	
Troquest is hereby made to open an association.	(Depository Name)
for the purpose of receiving and processing funds not du	
Code §12-2-3, which requires that all outside bank account	unts be authorized by the State Treasurer.
•	,
Account Name:	
*Account Name should start with "	State of West Virginia" then add spending unit name
Purpose: (Attach additional pages if necessary)	
Authorizing Code Section:	
Desired Open Date: Amount of	Initial Deposit:
Bank Contact Name:	Phone Number:
Bank Contact Name:	FIIOHE NUMBEL.
E 3.4.1	
Email Address:	
Spending Unit FEIN:	
Will the account be audited - Yes/No:	If so, by whom:
Interest Bearing - Yes/No:	
Source of Revenue:	
Revenue Schedule (daily, weekly, seasonal, etc.):	
Number of Deposits Based on Revenue Schedule:	
Revenue Amount Based on Revenue Schedule:	
= = =	
Type of Disbursements:	
Method of Disbursements (Checks, ACH, Wire):	
Disbursement Schedule (daily, weekly, seasonal, etc.):	
Number of Disbursements Based on Disbursement Sche	adula:
Disbursement Amount Based on Disbursement Schedule	∂:

Authorize	ea inaivuau:	ais for Outside Bank	Account:	
		Name	Title	Last Four Digiits of Social Security Number
		Name	Title	Last Four Digiits of Social Security Number
		Name	Title	Last Four Digiits of Social Security Number
		Name	Title	Last Four Digiits of Social Security Number
		Name	Title	Last Four Digiits of Social Security Number
signature the terms	e below inc s therein. ffice of the	dicates I have read Further, I agree to State Treasurer in	the Outside Bank A provide any and all	urate to the best of my knowledge. My ccount Policies and Procedures and agree to outside bank account information requested
	Signatur	e of Requestor		Date
		Title		
wvsto us The subje	-	has been reviewed	and is approved by th	ne WVSTO.
	Арр	proved By		Date
Account I	Name:	State of West Vir		of West Virginia" then add agency name after
ABA:			Account #:	
Mail To:	Mail To: West Virginia State Treasuer's Office Attn: Cash Management-Outside Bank Accounts 322 70th Street SE Charleston, WV 25304			
Phone Number:		304-558-3599		

304-340-1511

Fax Number: