

Please complete one form per request; grey scale is for STO use

If faxing, fax to: 410.974.2076; if email, email to: bankingresearch@treasurer.state.md.us

Today's Date: _____

Ticket # : _____

Requestor's Name: _____

Assign To: _____

Job Title: _____

Request Taken By: _____

State Agency: _____

Agency Code: _____

Tel No: _____

Assign Date: _____

Fax No: _____

Date Required: _____

(research requests are assigned in order received – if you have explicit deadlines of concern, please indicate below)

E-mail Address: _____

Transaction Type:

Incoming: ACH, FED WIRE CASH DEPOSIT

(Obtain customer/sender/payer information below)

Outgoing: ACH, FED WIRE CHECK/ACH PAYMENT STATUS

(Obtain Vendor/Payee information below)

Charge Back and/or Banking Adjustment

Other: _____

Detail Information:

<u>Transaction Date</u>	<u>Amount</u>	<u>Doc. No./Payment No./Ref.No./Related Info</u>
1. _____	_____	_____
2. _____	_____	_____

Describe the problem or information requested below:

(Include payee or payer name, address, phone #, Taxpayer Identification #, etc.)

Date Completed: _____