



*Maryland*  
STATE  
TREASURER

Investing for Maryland's future.

## Banking Services Approved Signature Request Form

**Date:** \_\_\_\_\_ **Add:** \_\_\_\_\_ **Change:** \_\_\_\_\_ **Delete:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Agency Code:** \_\_\_\_\_

**Print Employee Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

**Employee Email Address:** \_\_\_\_\_

**The listed employee is authorized to request the following actions**

**Vendor:** \_\_\_\_\_ **Payroll:** \_\_\_\_\_

**Circle all that apply:**

<i>Cancel</i>	<i>Stop and Recover</i>	<i>Stop Payment and Reissue</i>	<i>Issue Check from Unpresented/Undelivered Fund</i>	<i>Reissue Stale/Mutilated Checks</i>	<i>Check Copies</i>
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\*\*Please update employee status when a change occurs.

**Signature of Agency Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Banking Services Use Only**

**Processor's Name:** \_\_\_\_\_ **Entry Date:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_