



# Banking Services **Vendor** Approved Signature Request Form

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

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

Agency Code: \_\_\_\_\_ (3 digit) (Only one person and one agency request per form)

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

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

\*\*Please update employee status when a change occurs.

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

The listed employee at your Agency has the authority to request all the following actions for **Vendor checks**:

- Cancel*
- Stop and Recover*
- Stop Payment and Reissue*
- Issue Check from Unpresented/Undelivered Fund*
- Reissue Stale/Mutilated Checks*
- Check Copies*

**Original form must be mailed to:**  
Maryland State Treasurer's Office  
Banking Services, Room 414  
80 Calvert Street  
Annapolis MD 21401

Print Name of Agency Head: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Agency Head: \_\_\_\_\_ Date: \_\_\_\_\_  
(Requestor cannot approve own signature)

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

**Banking Services Use Only**

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

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