

*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**   
(Obtain customer/sender/payer information below)

CASH DEPOSIT

**Outgoing: ACH, FED WIRE**   
(Obtain Vendor/Payee information below)

CHECK/ACH PAYMENT STATUS

Chargeback and/or Banking Adjustment

Other: \_\_\_\_\_

**Detail Information (one transaction per request):**

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

**Describe the problem or information below:**

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

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**Date Completed:** \_\_\_\_\_