

Banking Services Vendor Approved Signature Request Form

Date:			Add:	Change: D	Delete:	
Agency Na	ame:					
Agency Co	ode:	(3 digit)	(Only one person and one agence	y request per form)		
Print Employee Name:			Title:			
Employee Signature:**Please update employee st		status when a ch	Telephone number:tatus when a change occurs.			
Employee	Email Address	S:				
The listed	employee at yo	our Agency has	the authority to request	all the following actio	ns for <i>Vendor</i> checks:	
Cancel	Stop and Recover		Issue Check from Unpresented/Undelivered Fund		ated Check Copies	
			inal form must be maile laryland State Treasurer's C Banking Services, Room 4: 80 Calvert Street Annapolis MD 21401	Office		
Print Name of Agency Head:				Title:		
Signature of Agency Head:(Requestor			annot approve own signa	ture) Date:		
Telephone	e Number:		Email Addres	ss:		
		Ва	anking Services Use Only			
Processer's Name:			Entry Date:			