

Treasury Management Division  
Banking Services Unit  
Office Line: 410.260.7270  
Office Email: TBAIS@Treasurer.State.MD.US



**STATE AGENCY BANK ACCOUNT FORM (X-1)**

**TO \*\*ONLY\*\* BE COMPLETED BY STATE AGENCY**

**STATE AGENCY INFORMATION**

Date of Request: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Agency Code: \_\_\_\_\_ (\*Required\* Include 3-Digit Agency Code)

**STATE AGENCY ACCOUNT REQUEST**

**(Select One)** Action Required: New/Open: \_\_\_\_\_ Modify/Change Signers: \_\_\_\_\_ Close: \_\_\_\_\_

**STATE AGENCY REPRESENTATIVE / REQUESTOR**

State Requestor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Requestor Email Address: \_\_\_\_\_

Requestor Phone No: \_\_\_\_\_ Fax Number: \_\_\_\_\_

State Requestor confirms review and acknowledgment of the Comptroller's Office / GAD Working Fund FAQ Sheet **Yes:**

**STATE AGENCY ACCOUNT AUTHORIZED SIGNER(S)**

**1<sup>st</sup>. First** Authorized Signer Name: \_\_\_\_\_ Title: \_\_\_\_\_

State Email Address: \_\_\_\_\_

Authorized Signer Tel. No: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Is Authorized Signer a State Employee? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**2<sup>nd</sup>. Second** Authorized Signer Name: \_\_\_\_\_ Title: \_\_\_\_\_

State Email Address: \_\_\_\_\_

Authorized Signer Tel. No: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Is Authorized Signer a State Employee? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**3<sup>rd</sup>. Third** Authorized Signer Name: \_\_\_\_\_ Title: \_\_\_\_\_

State Email Address: \_\_\_\_\_

Authorized Signer Tel. No: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Is Authorized Signer a State Employee? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**BANKING INFORMATION****SECTION. 1**

1. **(STO Approved)** Bank Name: \_\_\_\_\_
2. Federal Tax ID No. for Bank Account: \_\_\_\_\_
3. Bank Account Title: \_\_\_\_\_
4. Bank Account No: \_\_\_\_\_
5. Bank Account Type: \_\_\_\_\_

**SECTION. 2**

1. Select & Confirm Type of Funds **(State Funds or Non-State Funds)**: \_\_\_\_\_
2. **(If **\*\*Non-State Funds\*\*** is selected above – Specific Explanation (required) below:**  
\_\_\_\_\_
3. Are the Source of Funds to be Deposited **(State Budgeted or State Appropriated)**: \_\_\_\_\_
4. Source of Funds to be Deposited: \_\_\_\_\_
5. **Sources of Funds – Specific Explanation (required) below:**  
\_\_\_\_\_
6. Bank Account Purpose: \_\_\_\_\_
7. **Bank Account Purpose – Specific Explanation (required) below:**  
\_\_\_\_\_
8. Will **(Any) designated Agency Authorize Signer(s)** conduct or execute the following bank account activity or transactions:  

Writing Checks:	Disburse Funds:	Disburse Payments:	N/A or None:
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9. **(If **\*\*\*Writing Checks, Disburse Funds, Disburse Payments** is selected above\*\*\* – Specific Explanation (required) below:**  
\_\_\_\_\_

**SECTION. 3**

1. Will this account accrue/receive monthly interest? \_\_\_\_\_
2. Will the interest earned monthly be transferred to the State General Fund Monthly? \_\_\_\_\_
3. **(If **\*No\*** is selected above)** and Monthly Interest Will Not Transfer to the State General Fund – **Specific Explanation (required) below:**  
\_\_\_\_\_
4. **If the account does not earn interest, it **\*must\*** receive a monthly earnings income credit:** \_\_\_\_\_

**SECTION. 4**

**\*\*Agency Estimated New Acct Balance must NOT be (Zero) for Auditing Purposes\*\***

1. **(Estimated New Acct Balance must **NOT** be (Zero) for Auditing purposes)** - Estimated **\*New\*** Account Balance: \_\_\_\_\_

**SECTION. 5**

1. **Agency Notes/Comments Section/**
  - **\*\*\*Modify/Change Signers - List Current Signers to be removed below\*\*\*:**

**\*\*\* By signing or electronically signing below, you hereby formally request the establishment or changes to a State of Maryland Agency Bank Account. All Authorized Signers have thoroughly reviewed all prerequisites for the operation of this agency bank account, including the Comptroller Office/GAD Working Fund FAQ Sheet, State Laws, and Statutes. All Authorized Signers commit to ensuring adherence to State Internal Control Guidelines. \*\*\***

**STATE AGENCY REPRESENTATIVE / REQUESTOR**

State Requestor Name: \_\_\_\_\_ Title: \_\_\_\_\_

State Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STO Approved & Current – Agency Designated Depository Bank**

Confirm Bank Name: \_\_\_\_\_

Confirm Bank Account No: \_\_\_\_\_

**1<sup>ST</sup>. FIRST STATE AGENCY AUTHORIZED SIGNER**

State Authorized (1) Signer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signer (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*First Authorized Signer, by signing above, you confirm acknowledging and reviewing the Comptroller's Office / GAD Working Fund FAQ\**

**2<sup>ND</sup>. SECOND STATE AGENCY AUTHORIZED SIGNER**

State Authorized (2) Signer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signer (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Second Authorized Signer, by signing above, you confirm acknowledging and reviewing the Comptroller's Office / GAD Working Fund FAQ\**

**3<sup>RD</sup>. THIRD STATE AGENCY AUTHORIZED SIGNER**

State Authorized (3) Signer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signer (3) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Third Authorized Signer, by signing above, you confirm acknowledging and reviewing the Comptroller's Office / GAD Working Fund FAQ\**

**Banking Services Form Instructions**

**1. State Agencies *\*must not directly\** communicate or correspond with Local Bank Branches – Only Authorized State Banking Partner Relationship Managers, contact list can be found on STO website:**

**<https://treasurer.state.md.us/treasury-management/banking-services/designated-depositories/>**

**2. Complete applicable areas, sign accordingly and *\*\*securely\*\** email form to: [TBAIS@treasurer.state.md.us](mailto:TBAIS@treasurer.state.md.us)**