



# MARYLAND STATE TREASURER

**Dereck E. Davis**  
State Treasurer

**Jonathan D. Martin**  
Chief Deputy Treasurer

## Banking Services **Payroll** 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 **Payroll checks**:

*Stop Payment  
& 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:** \_\_\_\_\_