

**West Virginia State Treasurer's Office
Division of Cash Management**

Request to Open an Outside Bank Account

Agency Name: _____ Org #: _____

Mailing Address: _____

Agency Contact Name: _____

Contact Email Address: _____

Phone: _____ Fax: _____

Request is hereby made to open an account in: _____
(Depository Name)

for the purpose of receiving and processing funds not due the State as defined by West Virginia Code §12-2-3, which requires that all outside bank accounts be authorized by the State Treasurer.

Account Name: _____

Purpose: (Attach additional pages if necessary) _____

Authorizing Code Section: _____

Desired Open Date: _____ Amount of Initial Deposit: _____

Bank Contact Name: _____ Phone Number: _____

Email Address: _____

Agency FEIN: _____

Attach a copy of government issued business license or Certificate of Existence issued by the Secretary of State as proof of FEIN for bank purposes.

Will the account be audited - Yes/No: _____ If so, by whom: _____

Interest Bearing - Yes/No: _____

Source of Revenue: _____

Revenue Schedule (daily, weekly, seasonal, etc.): _____

Number of Deposits Based on Revenue Schedule: _____

Revenue Amount Based on Revenue Schedule: _____

Type of Disbursements: _____

Method of Disbursements (Checks, ACH, Wire): _____

Disbursement Schedule (daily, weekly, seasonal, etc.): _____

Number of Disbursements Based on Disbursement Schedule: _____

Disbursement Amount Based on Disbursement Schedule:

Authorized Individuals for Outside Bank Account:

Attach copy of driver's license or state id for bank purposes.

Name Title Social Security Number

Name Title Social Security Number

Name Title Social Security Number

Name Title Social Security Number

Name Title Social Security Number

I hereby certify that the above information is true and accurate to the best of my knowledge. My signature below indicates I have read the Outside Bank Account Policies and Procedures and agree to the terms therein. Further, I agree to provide any and all outside bank account information requested by the Office of the State Treasurer in a timely manner.

Signature of Requestor

Date

Title

WVSTO Use Only

The subject request has been reviewed and is approved by the WVSTO.

Approved By

Date

Account Name: State of West Virginia

ABA: _____ Account #: _____

Mail To: West Virginia State Treasurer's Office
Attn: Cash Management - Outside Bank Accounts
322 70th Street SE
Charleston, WV 25304

Phone Number: 304-558-3599

Fax Number: 304-340-1511