

NEW ACCOUNT REQUEST FORM

TO: DEBORAH B. GOLDBERG, TREASURER AND RECEIVER-GENERAL
ONE ASHBURTON PLACE, 12TH FLOOR
BOSTON, MA 02108-1608
ATTENTION: CASH MANAGEMENT DEPARTMENT

YOUR APPROVAL IS REQUESTED FOR A NEW AGENCY BANK ACCOUNT:

TO BE COMPLETED BY AGENCY			
DATE OF REQUEST:			
AGENCY NAME:			
AGENCY ADDRESS:			
AGENCY CONTACT:		TEL NO:	
AGENCY CONTACT:		TEL NO:	
FUND:	SUB FUND:	DEPT:	ORG:
PROGRAM:		REPORT CATEGORY:	
REVENUE SOURCE:		OR BALANCE SHEET ACCOUNT:	
ANTICIPATED MAXIMUM BALANCE:			
FINANCE OFFICER SIGNATURE:			DATE:

APPROVED BY:

_____ AUTHORIZED TREASURY SIGNATURE

_____ DATE

TO BE COMPLETED BY STATE TREASURY	
BANK NAME:	BANK TRANSIT NUMBER:
BRANCH ADDRESS:	
TYPE OF ACCOUNT:	
BANK ACCOUNT NUMBER:	
BANK CONTACT:	TEL NO:

FOR TRE/CTR USE ONLY		
DATE RECEIVED _____	ADDED TO BANK BY _____	ADDED TO DEPTACCT BY _____