

**NEW ACCOUNT REQUEST FORM**

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

**REQUEST FOR A NEW TRIAL COURT BANK ACCOUNT:**

TO BE COMPLETED BY TRIAL COURT		
DATE OF REQUEST:		
TRIAL COURT NAME:		
TRIAL COURT ADDRESS:		
TRIAL COURT CONTACT:		TEL NO:
FUND:	DEPT: TRC	ORG:
PROGRAM:		REPORT CATEGORY:
BALANCE SHEET ACCOUNT: 2600		
PURPOSE OF ACCOUNT:		
ANTICIPATED MAXIMUM BALANCE:		
FINANCE OFFICER SIGNATURE:		DATE:

**REVIEWED BY:**

\_\_\_\_\_ DATE \_\_\_\_\_  
AUTHORIZED TREASURY SIGNATURE

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

FOR TREASURY USE ONLY		
DATE RECEIVED _____	ADDED TO CMS BY _____	ADDED TO AREC BY _____