

STATE AGENCY ACCOUNT REQUEST FORM AND ONLINE INVESTMENT ACCOUNT SYSTEM (iPAS) APPLICATION

State Agency Name:			Tax ID:		
Street Address:			Contact Name:		
Mailing Address:			Phone No.:		
County:			Fax:		
City:	State:	Zip:	Email Address:		
ACCOUNT INFORMATION					
POOL (select one): WV Money Market	WV Govt. Mo	ney Market WV	Short Term Bond Pool		
Investment Account Name:					
Fund: Sub Fund:	Dept:	Unit:	WV Code Author Investment:	izing 	
Pursuant to the provisions of <i>W. Va. Code</i> §12-6C-6, the undersigned, on behalf of the above-named State Agency, does hereby request and authorize the West Virginia State Treasurer to establish an Investment Account in the name of the State Agency with the Consolidated Fund.					
The State Agency acknowledges that the securities and other investments as perm Investment Account will be managed and all such investment activities. The West V ment of funds held, maintained and mana	nitted by law. The S administered by the /irginia State Treasur	State Agency fully under BTI, and that said fund	stands and agrees that a ds are subiect to the risks	all funds deposited into its and liabilities inherent to	
The undersigned warrants that the government authorized the establishment of an Invest a part hereof.	rning body of the St ment Accounts for th	tate Agency (i.e., the Bring State Agency. A copy	oard, Director, Commission of said authorization is a	oner, etc.) has specifically attached hereto and made	
Account Requested By:					
Signature:		Title:	Email:		
Printed Name:		Date:	Phone:		
Other employees authorized to make deposits and withdrawals on the account on behalf of the state agency:					
Name	Signature		Title	Date	
Name	Signature		Title	Date	
Name	Signature		Title	Date	
WVSTO Use: Date Received: First Tr	ansaction:	Copy to ACH:	iPAS Ad	dded:	



STATE AGENCY iPAS (Internet Participant Access System) APPLICATION

STATE AGENCY NAME:		
User Status: New: Delete:	Modify:	
ACCOUNT ACCESS: All Accounts:	Limit To: (List Accounts):	
	EMAIL: DATE:	
User Status: New: Delete: ACCOUNT ACCESS: All Accounts:	Modify:	
PRINTED NAME:	EMAIL:	(REQUIRED)
SIGNATURE:	DATE:	
urer for the security of the User ID(s) and Password(s). harm that may occur from the unauthorized use of the any unauthorized use of its User ID(s) and Password(s), State Treasurer immediately. Upon receipt of such notice	nify and hold harmless, to the extent permitted by law, the West \ . The West Virginia State Treasurer will not be liable for any da State Agency's User ID(s) and Password(s). If the State Agency, or believes that its security has been compromised, it must noti te, the West Virginia State Treasurer will take reasonable steps to sting User ID(s) and Password(s) and issuing a new User ID(s) an	mages, liabilities or becomes aware of fy the West Virginia protect the account
PRINTED NAME:	TITLE:	
SIGNATURE:	DATE	