

Agency Contact Information

Agency Contact	t iiiiOriiiatiOii
Agency Name:	
Agency Contact Nam	ne:
AGENCY PHYSICAL	_ ADDRESS (NO PO BOX)
Agency Contact Addr	ress:
City:	State: Zip Code:
Agency Contact Phor	ne Number:
Agency Contact Ema	nil Address:
Signature:	Date:
<u>Deposit Ticket</u>	
Deposit Location Nun	mber:
Last Ticket Number: _	
Preferred number of	deposit tickets: 200 400
Preferred ticket style:	Duplicate Triplicate
	Return completed form to: ticketsgroup@wvsto.gov
Endorsement Sta	<u>amp</u>
Stamps will be ordered	ed as follows and shipped to the agency contact.
Quantity of stamps: _	
	FOR DEPOSIT ONLY
	STATE OF WEST VIRGINIA
	"AGENCY NAME" (Can include deposit location number)
	STO to complete "BANK ACCOUNT" (e.g. Truist "acct. #")