

**West Virginia State Treasurer's Office
Banking Services Division**

Request to Open an Outside Bank Account

Spending Unit Name: _____ Department # _____
Mailing Address: _____

Spending Unit 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: _____
****Account Name should start with "State of West Virginia" then add spending unit name***

Purpose: (Attach additional pages if necessary) _____

Authorizing Code Section: _____
Desired Open Date: _____ Amount of Initial Deposit: _____

Bank Contact Name: _____ Phone Number: _____

Email Address: _____

Spending Unit FEIN: _____

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:

Name	Title	Last Four Digiits of Social Security Number
Name	Title	Last Four Digiits of Social Security Number
Name	Title	Last Four Digiits of Social Security Number
Name	Title	Last Four Digiits of Social Security Number
Name	Title	Last Four Digiits of 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
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Account Name: State of West Virginia
**Account Name should start with "State of West Virginia" then add agency name after*

ABA: _____ Account #: _____

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

Phone Number: 304-558-3599
Fax Number: 304-340-1511