



Maryland
STATE
TREASURER

Investing for Maryland's future.



Banking Services **Vendor** Approved Signature Request Form

Date: _____ **Add:** _____ **Change:** _____ **Delete:** _____

Agency Name: _____

Agency Code: _____ (3 digit) (Only one person and one agency request per form)

Print Employee Name: _____ **Title:** _____

Employee Signature: _____ **Telephone number:** _____

**Please update employee status when a change occurs.

Employee Email Address: _____

The listed employee at your Agency has the authority to request all the following actions for **Vendor checks**:

<i>Cancel</i>	<i>Stop and Recover</i>	<i>Stop Payment and Reissue</i>	<i>Issue Check from Unpresented/Undelivered Fund</i>	<i>Reissue Stale/Mutilated Checks</i>	<i>Check Copies</i>
---------------	-------------------------	---------------------------------	--	---------------------------------------	---------------------

Original form must be mailed to:

Maryland State Treasurer's Office
Banking Services, Room 414
80 Calvert Street
Annapolis MD 21401

Print Name of Agency Head: _____ **Title:** _____

Signature of Agency Head: _____ **Date:** _____
(Requestor cannot approve own signature)

Telephone Number: _____ **Email Address:** _____

Banking Services Use Only

Processor's Name: _____ **Entry Date:** _____

Additional Comments: _____