



Maryland
STATE
TREASURER

Investing for Maryland's future.

Banking Services Approved Signature Request Form

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

Agency Name: _____

Agency Code: _____

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

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

Employee Email Address: _____

The listed employee is authorized to request the following actions

Vendor: _____ **Payroll:** _____

Circle all that apply:

<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>
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**Please update employee status when a change occurs.

Signature of Agency Head: _____ **Date:** _____

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

Banking Services Use Only

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

Additional Comments: _____