| RC-SEAL | REQUEST TO ESTABLISH BANK ACCOUNT OFFICE OF THE AUDITOR-CONTROLLERReturn completed form to the Chief of the General Accounting Division | SPM form  AP - 5  (Policy #607) |
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| Bank Account Number |
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|  |  |  |
| Department Name/Department ID |  | Date |

**Explain the reason for requesting the bank account:**

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| **Give the average monthly balance and the source of cash:** |  |

**Provide the name, employee id, title, and signature of the individuals authorized to sign checks from the account:**

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| **NAME** | EMPLOYEE ID | TITLE | SIGNATURE |
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**Bank Name and Address:**

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| Interest rate earned: |

**State Justification for non-interest bearing account:**

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| CONTACT PERSON (PLEASE PRINT) |  | PHONE NUMBER |

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|  |  |  |
| SIGNATURE OF DEPARTMENT HEAD PRINT NAME |  | DATE |

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| To be completed by the Auditor-Controller’s Office |

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|  |  | Approved |  | Denied |

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| Chief, General Accounting Division |  | Date |

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| To be completed by the Treasurer’s Office |

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|  |  | Approved |  | Denied |

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| --- | --- | --- |
|  |  |  |
| Chief Deputy Treasurer |  | Date |