

**OFFICE OF THE STATE TREASURER
CASH MANAGEMENT DIVISION
REQUEST FOR DEPOSITORY ACCOUNT
(Form CMD-1B revised 06/2009)**

Pursuant to Section 6-1-13 NMSA 1978 (1987 Repl.), the following request for authorization of a deposit account is submitted. (If necessary, please attach additional pages.)

Agency Name: _____ Business Unit: _____

Account Title: _____

(Note: All questions and information must be complete or account request will be rejected.)

REQUEST DATA

1. Is this account new () or a recertification of an existing account ()?
2. Will this account be temporary () or permanent ()?

Please explain. If temporary, note the anticipated date of account closure.

3. Account Justification

- a. What is the specific purpose of this account? (Funds deposited to this account originate from what source?)
- b. What are the statutory citations and/or any regulatory authorizations, within your Agency, that are applicable to have such an account? (Attach copies)
- c. Why is this account necessary?
- d. Can this account be combined with any other state deposit account?

() yes () no

Include any other pertinent information as well as copies of court orders, if applicable.

4. What is the projected frequency of deposits to the State Treasurer? If no deposits will be made, please explain why.

10. Account type desired: checking () savings () other ()

If the answer is "other", please explain.

If checking account is requested, will funds be placed in an interest bearing account?

Yes () No ()

If the answer is "no", please explain.

FINANCIAL INSTITUTION DATA

11. Financial Institution Name:

Branch Location:

Main Office Mailing Address:

Phone Number:

Monthly Service Fees: \$

12. Does this agency have other accounts at this chosen institution?

Yes () No ()

If so, please identify each account by account title, account type, and account number.

13. If this request is for a recertification or change of an existing account, what is the current account title, account type, and account number?

14. If this request is for an existing account, how is the deposit collateralized?

NOTE: If it is determined that the state agency aggregate balance at the Financial Institution you have requested exceeds \$250,000.00, the State Treasurer's Collateral Division must hold safekeeping receipts for all pledged collateral.

- 15. Please list the name, address, and phone number of each signatory for this requested account.

- 16. Who is the agency contact person for this account? Include telephone number and e-mail address.

- 17. Authorized signature(s). Please attach a list with signature specimen and copy of signature card.

I, the undersigned **Director/Officer**, attest to the correctness of this request. I understand that if this account is authorized, the State Treasurer's Office, State Accounts Bureau, will provide written conditions and reporting requirements appropriate to the account.

Signature: _____ Date: _____

Printed Name: _____

Title: _____