

OREGON STATE TREASURY
Request for New Treasury (TRS) Account

(This form should accompany a written request per Section III of the Cash Management Manual.)

State Agency Requesting Account _____

Statutory Authority For Account _____
(Copies of the Statutory Authority must be attached)

Account Title _____

New Treasury Account Number _____

Account will be (check one):

Deposit Only _____ Checks Only _____ Checks and Deposits _____

Electronic Funds Transaction (EFT) (yes or no)

Interest Bearing (yes or no)

Interest Posted To Account Number _____

Fees Posted To Account Number _____

Statutory Authority For Interest _____

Statutory Authority For Check Writing _____

Volume Anticipated Monthly For: Deposits _____ Checks _____

Balance Transfers To: _____ Overdraft Protection From: _____

Agency Authorization

Date

Agency Telephone Number: _____

Treasury Authorization

Date