

**Office of the State Treasurer
Signature Authorization Form
(For all disbursements other than ACH/Wires)**

State Agency: _____

Account Title: _____

Treasury Account Number (5 digits only): _____

Effective immediately, the following individuals are authorized to disburse funds drawn on the Office of the State Treasurer, as indicated below. One or both boxes (Checks; Account to Account Transfers) must be checked to indicate signature authority of each individual.

Use separate form for each account number.

<u>Type Name</u>	<u>Signature</u>	<u>Checks</u>	<u>Transfers</u>	<u>Phone Number</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

This document supersedes all previous signature authorizations and shall continue in force until a new Signature Authorization Form has been received by the State Treasurer’s Office. This form cannot be amended. **Addition or deletion of authorized signers requires submission of a new Signature Authorization Form. Fax or photo copies are not acceptable.**

Authorized by: _____
Director/CFO

Date: _____

Telephone Number: _____