



Department of Finance and Administration

Agency Bank Account Request Form

Agencies must complete this form and receive approval before opening a new commercial bank account.

☐ New bank account ☐ Change bank account ☐ Delete Bank Account

Agency Information

Business Area: _____ Agency Name: _____
Agency Sub Area: _____

Agency Banking Contact

Contact Name: _____
Contact Title: _____
Phone Number: _____
E-mail Address: _____

Account Information

Bank Name: _____
Location: _____
Account Name: _____
Account Number: _____ Type of Account: _____
Minimum Balance: \$ _____ Maximum Balance: \$ _____
Interest Rate: _____
Number of Signatures Required: _____

Request authority to pay bank service charge per Section 27-105-1, MS Code Ann. (1972): Yes ☐ No ☐

Title of Authorized Signors

Authorized Title: _____
Authorized Title: _____
Authorized Title: _____
Authorized Title: _____
Authorized Title: _____
Authorized Title: _____

Classification and Accounting Detail

Classification: _____
MAGIC Fund Number: _____ Agency Tax ID: _____

Comments

Required Signatures

Agency Executive Director (Signature) _____ Date of Signature _____

DFA Approver (Signature) _____ Date of Signature _____

Treasury Approver (Signature) _____ Date of Signature _____