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Date: _____

STATE TREASURER'S OFFICE Direct Debit Transmittal Sheet

Fax # 410.260.6207 Tel# 410.260.7102

Agency Name: _____

Agency Code: _____

Data Set Name: _____

<u>Each Sub-Account</u>	<u>Total Dollar Amount</u>	<u>Record Count</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grand Total of Sub-Account: _____

Grand Total of Dollar Amount: _____

Grand Total of Records Count: _____

Contact Person: _____

Contact number: _____ Contact Fax #: _____

STATE TREASURER'S OFFICE DIRECT DEBIT FILE RECEIPT ACKNOWLEDGEMENT

Date: _____

Time: _____

***I acknowledge that the State Treasurer's office successfully transferred the
State of Maryland Direct Debit file on this date.***

Name (Print or Type)

Signature