



**Banking Services **Payroll** Approved Signature Request Form**

**Date:** \_\_\_\_\_ **Add:** \_\_\_\_\_ **Change:** \_\_\_\_\_ **Delete:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Agency Code:** \_\_\_\_\_ (3 digit) (Only one person and one agency request per form)

**Print Employee Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

\*\*Please update employee status when a change occurs.

**Employee Email Address:** \_\_\_\_\_

The listed employee at your Agency has the authority to request all the following actions for **Payroll checks**:

- |                                       |  |   |                         |
|---------------------------------------|--|---|-------------------------|
| <i>Stop Payment<br/>&amp; Reissue</i> | <i>Issue Check from<br/>Unpresented/Undelivered<br/>Fund</i> | <i>Reissue Stale/Mutilated<br/>Checks</i> | <i>Check<br/>Copies</i> |
|---------------------------------------|--|---|-------------------------|

**Original form must be mailed to:**  
Maryland State Treasurer's Office  
Banking Services, Room 414  
80 Calvert Street  
Annapolis MD 21401

**Print Name of Agency Head:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature of Agency Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Requestor cannot approve own signature)

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Banking Services Use Only**

**Processor's Name:** \_\_\_\_\_ **Entry Date:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_