



STATE OF LOUISIANA
CASH MANAGEMENT REVIEW BOARD (R.S. 39:372)
BANK ACCOUNT APPLICATION FORM

CMRB001
06-14-12

Instructions: Answer all questions in order to avoid a delay in CMRB's review of application. If space is inadequate to complete response, use Continuation Sheet (CMRB002), enter item number and remainder of response. The PRINT button can be found on page 2. To retain an electronic version of the application form, use "Save As" option under File menu on Internet browser toolbar. Once the form is saved, it can only be modified with Adobe Writer. If problems are encountered using form, call (225) 342-0049.

1. Applicant Agency

2. ISIS Agency Number

3. Request Type

☐ Request for New Bank Account

Bank Name and City

Account Name

☐ Approval of an Existing Bank Account

☐ Approval for Change in an Approved Bank Account

Bank Name and City

Account Name

Account Number

4. Type of Account ☐ Petty Cash ☐ Payroll ☐ Travel ☐ Other (specify)

5. Method of Compensation for Bank

☐ Direct Payment of Service Charges (Schedule of Charges must be attached if State Banking Agreement will NOT be utilized)

☐ Compensating Balance Method (Method of Calculation must be attached)

6. Interest Bearing Account ☐ Yes ☐ No

7. List all other Bank Accounts Agency has Established

(Complete Item 15 on page 2 or use CMRB Continuation Sheet (CMRB002) if additional space is needed to provide applicable information)

Bank Name and City

Account Name

Account Number

Date Approved by CMRB

Purpose of the Account

Bank Name and City

Account Name

Account Number

Date Approved by CMRB

Purpose of the Account

Bank Name and City

Account Name

Account Number

Date Approved by CMRB

Purpose of the Account

8. Explain the need for New/Change in Existing Bank Account and include why existing bank account(s) listed in item 7 above cannot be used for this purpose.



STATE OF LOUISIANA
CASH MANAGEMENT REVIEW BOARD (R.S. 39:372)
BANK ACCOUNT APPLICATION FORM

CMRB001
06-14-12

9. Provide Information about expected activity levels and anticipated balances

Number of Checks to be Written Each Month

Number of Items to be Deposited Each Month

Anticipated Average Daily Balance in Account

Anticipated Maximum Daily Balance in Account

10. If Daily Average Balance is expected to be \$100,000.00, provide responsible party for monitoring account balance and pledging collateral in compliance with R.S. 49:321 (**Note:** Collateral Requirements for State Deposits are Specified in R.S. 49:321)

Contact Name

Title

Email Address

Phone Number

11. Describe Source of Funds to be Deposited into the Account.

12. LA Const Article VII, Section 9B requires funds to be deposited into the State Treasury. If exempt, provide specific authorization

☐ Federal Regulations (*Copy of Regulations Must be Attached*) ☐ Legal Citation

13. Authorize Signer(s) for Bank Account

Name

Title

Email Address

Phone Number

Name

Title

Email Address

Phone Number

14. Individual Requesting Bank Account

Name

Title

Email Address

Phone Number

15. Additional Information Regarding Request

Submission Requirements

The form must be completed in entirety to avoid delay in review of application.

All pertinent documentation must be submitted with the form as indicated below (*as applicable*)

1. Schedule or Method of Calculation for bank compensation (*Identified in Item 5*)
2. Statement from Bank for compliance with R.S. 49:321 requirements if daily balance is greater than \$100,000.00 (*Identified in Item 10*)
3. Copy of Federal Regulations if exempt from funds deposited into State Treasury (*Identified in Item 12*)

Submit completed applications with required documentation to:

If sent US Mail: Department of Treasury, Fiscal Control Division, PO Box 44154, Baton Rouge, LA 70804

If sent other Delivery Services: Department of Treasury, Fiscal Control Division, 445 North Blvd., City Plaza 1, 7th Floor, Baton Rouge, LA 70802

This application has been prepared and is being submitted in compliance with R.S. 39:372

Submitted By:

Phone Number

Date Submitted *