

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
BANK DEPOSITORY APPLICATION/NOTIFICATION**

APPLICATION FOR A NEW ACCOUNT

NOTIFICATION OF DISSOLUTION OF ACCOUNT

DEPARTMENT/AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

RECEIPT ACCOUNT AND  
APPROPRIATION ACCOUNT NUMBER: \_\_\_\_\_

PURPOSE OF BANK ACCOUNT: \_\_\_\_\_

PERSON(S) ACCOUNTABLE FOR BANK ACCOUNT (AUTHORIZED SIGNATURES):  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED LOCATION OF BANK ACCOUNT: \_\_\_\_\_

ANTICIPATED AMOUNT OF BANK ACCOUNT: \_\_\_\_\_  
(Average Daily Balance)

SURVEY OF NEED: \_\_\_\_\_  
(Express comments that will justify/explain request:)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ Signature of Department/ Agency Director	_____ Date	_____ Tel. No.
--	---------------	-------------------

APPROVED:  DENIED:  \_\_\_\_\_  
State Controller Date

APPROVED:  DENIED:  \_\_\_\_\_  
General Treasurer Date

REASON FOR DENIAL (If Applicable):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_