

**NORTH CAROLINA DEPARTMENT OF STATE TREASURER
SIGNATURE CARD FOR DISBURSING / STIF ACCOUNT**

This card to be executed by the agency head, or board chairman / president of any entity: authorized by the NC State Controller 's Office to maintain a *disbursing account* with the State Treasurer, pursuant to G.S. 143-3.2; or authorized to maintain a *Short-term Investment Fund (STIF) account* with the State Treasurer pursuant to either G.S. 147-69.3(b), G.S. 116-36.1, or G.S. 147-86.11(e)(1a). Updated cards should be filed with the State Treasurer whenever changes occur.

Agency Name: _____	CB\$ Agency ID: _____
Account Number: _____ - _____ - _____	Type Acct: <input type="checkbox"/> Disbursing; or <input type="checkbox"/> STIF
Account Name: _____	
Person(s) authorized to sign warrants issued against the account (show facsimile signature if used):	
<u>Printed Name and Title</u>	<u>Signature Specimen</u>
_____	_____
_____	_____

Certification of Agency Head, President, or Chairman:		
_____	_____	_____
Printed Name and Title	Signature	Date
If a disbursing account, this should be same individual who executes <i>OSC's Delegation of Disbursing Authority</i> , which is available at: http://www.osc.state.nc.us/sigdocs/sig_docs/cash_mgmt/disbursing.html .		

CONTACTS

Date: _____

(Note: State policy requires MSC or Courier Number to be used whenever one is available.)

Agency's Chief Fiscal Officer	
Name: _____	Title: _____
Address: _____	
Telephone: _____	FAX: _____
E-mail address: _____	

Agency's Core Banking System (CB\$) Admin User	
Name: _____	Title: _____
Address: _____	
Admin UserID: _____	
Telephone: _____	FAX: _____
E-mail address: _____	

Account Contact (Generally person to whom monthly statements are rendered)	
Name: _____	Title: _____
Address: _____	
Telephone: _____	FAX: _____
E-mail address: _____	