

**NC DEPARTMENT OF STATE TREASURER**  
**Request for Banking Services Form**

**OVERVIEW AND INSTRUCTIONS**

**Overview:** This Request for Banking Services Form is to be used by any State agency, department, office, institution, community college or other State entity (generally, an “Agency”) wishing to procure a banking-related service or solution in furtherance of the entity’s business and/or financial operations.

**Instructions to Agency:** Please fully complete all sections of this form, consulting with the Department of State Treasurer’s (“DST”) Financial Operations Division as needed. Once the form has been completed and signed by an appropriate designee of Agency, please e-mail the document to [SBU.Forms@nctreasurer.com](mailto:SBU.Forms@nctreasurer.com) for review by the DST Banking Director. If approved, the Banking Director will add his or her signature to the form, and DST’s Financial Operations Division will send a copy of the fully executed document to Agency’s point of contact identified in Section A.1. below. Electronic signatures will be accepted.

**A. AGENCY INFORMATION**

**A.1 Agency Contact Information:** Insert the information of Agency’s primary contact below.

**Name:**

**Title:**

**Agency:**

**Division/Section:**

**Telephone:**

**Email:**

**A.2 Stakeholders:** Agency must complete this section if any stakeholders outside of the organization have any involvement with, or interest in, the requested services. (The term “external stakeholders” does not include the bank or other service provider contemplated in Section B. below.)

**Are external stakeholders involved in requested services?**

☐ Yes ☐ No

If yes, identify the Board, Commission or other external stakeholder, as well as the external stakeholder’s point person for purposes of the requested banking services:

\_\_\_\_\_

**B. BANK OR OTHER SERVICE PROVIDER INFORMATION**

**B.1 General Contact Information:** Insert the contact information and web address of the current or proposed bank/service provider below. If the requested services involve a new contract or agreement and a bank/service provider has not been selected, please mark “TBD.”

Bank Name:

Address:

Phone:

Website:

**B.2 Name and Contact Information of Relationship Manager:** Insert the contact information of the person identified by the bank/service provider as the person responsible for handling all day-to-day contract-related issues (or service-related issues if no contract) on the bank/service provider’s behalf. If a bank/service provider has not been selected, please mark “TBD.”

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Name:  
Address:  
Phone:  
Email:

**C. SCOPE OF WORK**

**Describe Scope of Work for the Requested Services:** Agency should describe the Scope of Work, the purpose for the procurement, and the risk and/or value to the Agency associated with the procurement. This information might include, for example: the authority to provide the Services (e.g., legislative mandate); a brief background statement; and/or a brief description of the business case justification for the service.

**D. AGENCY INFORMATION SECURITY RISK ASSESSMENT & APPROVAL**

**Agency's Information Security Officer ("ISO") must complete this section and certify the accuracy of the information provided with his or her signature. Agency, rather than DST, is responsible for ensuring that Agency's use of the requested services comply with all Department of Information Technology policies.**

**ISO's Determination Regarding Information Security Risk Assessment:**

- ☐ Information Security Risk Assessment is required and will be completed by Agency. (Requesting Agency must provide proof that the assessment has been completed prior to execution of any agreement.)
- ☐ Information Security Risk Assessment not required.

**ISO comments (as needed):**

**Information Security Officer Signature:** By signing below, Agency's ISO (or appropriate designee) certifies that the information provided in this Section D. is accurate to the best of his or her knowledge and belief.

Signature:

Print Name and Title:

Date:

**E. COST INFORMATION**

**Unless otherwise provided, the requesting Agency is expected to cover the total cost of the requested services.**

**Details of Proposed Cost:**

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**F. Agency Responsibilities**

This section sets out the responsibilities that Agency agrees to take on by requesting DST to procure or otherwise arrange for the above-described banking services.

1. By executing this Request for Banking Services Form, Agency understands and acknowledges that it is requesting DST to facilitate Agency's receipt of the above-identified banking services on Agency's behalf. To that end, Agency agrees to accept all obligations and responsibilities incumbent upon the recipient or end-user of such services to the same extent that DST agrees to accept and be bound by such obligations and responsibilities on Agency's behalf.
2. Should DST be required to enter a written agreement to facilitate Agency's receipt of the requested banking services (hereinafter referred to as a "Banking Agreement"), Agency, *in consultation with DST as needed*, shall cause its appropriate designee(s) to do each of the following *prior* to DST's execution thereof:
  - (a) Review and become familiar with all applicable terms and conditions set forth in the Banking Agreement;
  - (b) Evaluate the risks and benefits both to Agency and to the State generally of entering such agreement;
  - (c) If applicable, assist DST in its efforts to negotiate the most favorable terms possible under the Banking Agreement, provided doing so is authorized and otherwise proper under the circumstances; and
  - (d) Accept and agree to be bound by all applicable terms and conditions set forth in the Banking Agreement, as if Agency, rather than DST, were the State entity becoming party thereto.
3. Agency understands and agrees that neither Agency nor DST shall be responsible for, or bear any liability associated with, any acts or omissions of the other party arising in connection with:
  - (a) Agency's request for Banking Services as described in this Request for Banking Services Form;
  - (b) DST's efforts to facilitate Agency's receipt of such services on Agency's behalf; or
  - (c) Any Banking Agreement that results from, or that is otherwise implicated by, Agency's request for banking services as described in this Request for Banking Services Form.

Instead, each party shall be responsible for, and bear the liability associated with, its own acts and omissions.

**NOTE:** For the avoidance of doubt, this section F. could apply to an existing Banking Agreement **or** to a future Banking Agreement, depending on the given circumstances. In the absence of any existing or future Banking Agreement for the requested banking services, subsections 1. and 3.(a)-(b) of this Section F. shall still apply.

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**G. SIGNATURES** Once this form has been fully executed in the manner provided below, Agency's request for banking services is deemed approved. As such, DST will commence its efforts to facilitate Agency's receipt of the requested services as set out in this Request for Banking Services Form.

**G.1 Agency Head or Other Authorized Signatory:** By signing below, the Agency Head or designee certifies that he or she has reviewed this Request for Banking Services Form and that the information contained herein is accurate and complete to the best of his or her knowledge and belief. In addition (and as provided in Section F.), by signing below, the Agency Head or designee acknowledges and agrees to all provisions of Section F, "Agency Responsibilities."

Signature:

Print Name and Title:

Date:

**G.2 DST Banking Director or Other Authorized Signatory:** By signing below, the DST Banking Director or designee certifies that he or she has reviewed this Request for Banking Services Form and supports the proposed procurement or contract.

Signature:

Print Name and Title:

Date: