

**NORTH CAROLINA DEPARTMENT OF STATE TREASURER
SIGNATURE CARD FOR DISBURSING AND STIF ACCOUNTS**

This card is to be executed by the agency head, board chairman or president of any entity; authorized by the NC State Controller's Office to maintain a disbursing account with the State Treasurer, pursuant to North Carolina General Statute ("N.C.G.S.") § 147-74; or authorized to maintain a Short-term Investment Fund (STIF) account with the State Treasurer pursuant to either N.C.G.S. § 147-69.3(b), N.C.G.S. § 116-36.1 or N.C.G.S. § 147-86.11(e)(1a). Updated cards should be filed with the State Treasurer whenever changes occur.

Effective Date: _____

Agency Name: _____ Customer ID(AAA####): _____

Account Number: ____ - ____ - ____ - ____ - ____ Type Account: Disbursing ☐ or STIF ☐

Account Name: _____

Individual(s) authorized to transact business on the account above. Electronic signatures will not be accepted.

Printed Name and Title

Signature

_____	_____
_____	_____
_____	_____
_____	_____

Certification of Agency Head, President or Chairman:

I certify that the information provided in this form is true and correct. The above individuals are authorized to act in the capacity indicated and to transact business on behalf of the agency on the accounts listed above.
Electronic signatures will not be accepted.

Printed Name

Signature

Date

If a disbursing account, this should be the same individual who executes OSC's Delegation of Disbursing Authority, which is available at: [NC OSC: Disbursing Accounts](#)

CONTACTS

Agency's Chief Fiscal Officer

Name: _____
Address: _____

Telephone: _____
E-mail Address: _____

Account Contact

Name: _____
Address: _____

Telephone: _____
E-mail Address: _____