NC State Treasurer, Banking Operations
3200 Atlantic Ave.
Raleigh, NC 27604

FOD-500(Rev 7/2018)
Phone: 919-814-3915

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 above account (show facsimile signature if used):

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.

_____ _____ _____
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: _____