



DEPOSITORY SUBACCOUNT REQUEST	
Title:	(DMV Only) FEIN:
City/Town Location:	
<i>(For Treasury use only)</i>	
Subaccount #:	Date Added to Subaccount List:
Department:	Physical Address:
Division:	
Mailing Address:	
City: AK Zip Code:	City: AK Zip Code:

1. Provide a brief description of the types of payments (cash or checks) that will be deposited to this subaccount and provide an estimated dollar amount being deposited each week (*Attach extra sheets if necessary*).

2. Will there be cash and coin deposited? Yes No

3. Select the bank to which deposits will be delivered. If choosing Wells Fargo or First National, please provide a brief justification.
 Key Bank (**Primary**) Wells Fargo First National Bank Alaska **BEACHES/ACH Transfer**

4. Will this account use Remote Deposit Capture (RDC)? *Please see AAM 50.140* Yes No
 If yes, please provide the list of names that need access to RDC (*Attach extra sheets if necessary*):

Name	Email Address	Phone Number

5. If you would like to request direct coding for this subaccount please download and complete a Direct Coding Template Spreadsheet from the 'Forms' section of the Cash Management website and submit it with this application. <http://treasury.dor.alaska.gov/Cash-Management/Forms>

6. Please provide the contact information for the person who is responsible to receive and process NSF items, foreign currency adjustments, and other bank adjustments related to this subaccount.

NSF Contact Name:	Phone:
Email:	

Subaccount Requestor: _____ **Phone:** _____

All Deposits to this sub account will comply with cash control procedures as stated in the Alaska Administrative Manual, section AAM 50 – Cash

Approved by Dept Finance Officer: _____ **Date:** _____

TREASURY USE ONLY:
GTreasury Establish Date: _____
 Revised 08/25/2015

Beaches Establish date: _____