



STATE OF LOUISIANA
CASH MANAGEMENT REVIEW BOARD (R.S. 39:372)
BANK ACCOUNT APPLICATION FORM

CMRB001

Instructions: Answer all questions in order to avoid a delay in CMRB's review of application. If space is inadequate to complete response, use Continuation Sheet (CMRB002), enter item number and remainder of response. The PRINT button can be found on page 2. To retain an electronic version of the application form, use "Save As" option under File menu on Internet browser toolbar. Once the form is saved, it can only be modified with Adobe Writer. If problems are encountered using form, call (225) 342-0049.

1. Applicant Agency _____
2. Applicant Agency Number _____
3. Applicant Agency Address _____
4. Request Type
 - Request for New Bank Account
 Bank Name and City _____ Account Name _____
 - Approval of an Existing Bank Account Approval for Change in an Approved Bank Account
 Bank Name and City _____
 Account Name _____ Account Number _____
5. Type of Account Petty Cash Payroll Travel Other (specify) _____
6. Method of Compensation for Bank
 - Direct Payment of Service Charge *(Schedule of Charges must be attached if State Banking Agreement will NOT be utilized)*
 - Compensating Balance Method *(Method of Calculation must be attached)*
7. Interest Bearing Account Yes No
8. List all other Bank Accounts Agency has Established
(Complete Item 15 on page 2 or use CMRB Continuation Sheet (CMRB002) if additional space is needed to provide applicable information)
 - Bank Name and City _____ Account Name _____
 Account Number _____ Date Approved by CMRB _____
 Purpose of the Account _____
 - Bank Name and City _____ Account Name _____
 Account Number _____ Date Approved by CMRB _____
 Purpose of the Account _____
 - Bank Name and City _____ Account Name _____
 Account Number _____ Date Approved by CMRB _____
 Purpose of the Account _____
9. Explain the need for New/Change in Existing Bank Account and include why existing bank account(s) listed in item 7 above cannot be used for this purpose.
10. Provide information about expected activity levels and anticipated balances.

Number of Checks to be Written Each Month _____	Number of Items to be Deposited Each Month _____
Anticipated Average Daily Balance in Account _____	Anticipated Maximum Daily Balance in Account _____



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11. If Daily Average Balance is expected to be \$100,000.00, provide responsible party for monitoring account balance and pledging collateral in compliance with R.S 49:321 *(Note: Collateral Requirements for State Deposits are Specified in R.S. 49:321)*

Contact Name _____ Title _____
 Email Address _____ Phone _____

12. Describe the Source of Funds to be Deposited into the Account

13. LA Const Article VII, Section 9B requires funds to be deposited into the State Treasury. If exempt, provide specific authorization

Federal Regulations *(Copy of Regulations Must be Attached)* Legal Citation _____

14. Authorized Signer(s) for Bank Account

Name _____ Title _____
 Email Address _____ Phone _____

Name _____ Title _____
 Email Address _____ Phone _____

15. Individual Requesting Bank Account

Name _____ Title _____
 Email Address _____ Phone _____

16. Additional Information Regarding Request

Submission Requirements

The form must be completed in entirety to avoid delay in review of application.

All pertinent documentation must be submitted with the form as indicated below *(as applicable)*

1. Schedule or Method of Calculation for bank compensation *(Identified in Item 5)*
2. Statement from Bank for compliance with R.S 49:321 requirements if daily balance is greater than \$100,000.00 *(Identified in Item 10)*
3. Copy of Federal Regulations if exempt from funds deposited into State Treasury *(Identified in Item 12)*

Submit completed applications with required documentation to Katie O'Connor at KOconnor@treasury.la.gov.

This application has been prepared and is being submitted in compliance with R.S. 39:372

Submitted By _____ Phone Number _____ Date Submitted _____

Email _____