



STATE AGENCY ACCOUNT REQUEST FORM

State Agency: \_\_\_\_\_ Tax ID: \_\_\_\_\_
Street Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

ACCOUNT INFORMATION

POOL: WV Money Market [ ] WV Govt. Money Market [ ] WV Short Term Bond Pool [ ]

Account Name: \_\_\_\_\_

WVFIMS Fund: \_\_\_\_\_ WVFIMS Org: \_\_\_\_\_ WV Code Authorizing Investment: \_\_\_\_\_

Pursuant to the provisions of W. Va. Code §12-6C-6, the undersigned, on behalf of the above-named State Agency, does hereby request and authorize the West Virginia State Treasurer to establish an Investment Account in the name of the State Agency with the Consolidated Fund.

The State Agency acknowledges that the Board of Treasury Investments ("BTI") uses the revenue in the Consolidated Fund to purchase securities and other investments as permitted by law. The State Agency fully understands and agrees that all funds deposited into its Investment Account will be managed and administered by the BTI, and that said funds are subject to the risks and liabilities inherent to all such investment activities.

The undersigned warrants that the governing body of the State Agency (i.e., the Board, Director, Commissioner, etc.) has specifically authorized the establishment of an Investment Accounts for the State Agency. A copy of said authorization is attached hereto and made a part hereof.

Account Requested by:

Name Signature Title Date

Other employees authorized to make deposits and withdrawals on the account on behalf of the State Agency:

Name Signature Title Date

Name Signature Title Date

Name Signature Title Date

**iPAS STATE AGENCY APPLICATION**

STATE AGENCY NAME \_\_\_\_\_

NEW USER       MODIFY USER  (Requested Change) \_\_\_\_\_      DELETE USER

PRINTED NAME: \_\_\_\_\_      EMAIL: \_\_\_\_\_  
**(REQUIRED)**

SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

NEW USER       MODIFY USER  (Requested Change) \_\_\_\_\_      DELETE USER

PRINTED NAME: \_\_\_\_\_      EMAIL: \_\_\_\_\_  
**(REQUIRED)**

SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

NEW USER       MODIFY USER  (Requested Change) \_\_\_\_\_      DELETE USER

PRINTED NAME: \_\_\_\_\_      EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_  
**(REQUIRED)**

NEW USER       MODIFY USER  (Requested Change) \_\_\_\_\_      DELETE USER

PRINTED NAME: \_\_\_\_\_      EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

The State Agency is responsible for and agrees to indemnify and hold harmless, to the extent permitted by law, the West Virginia State Treasurer's Office for the security of the User ID(s) and Password(s). The West Virginia State Treasurer's Office will not be liable for any damages, liabilities or harm that may occur from the unauthorized use of the State Agency's User ID(s) and Password(s). If the State Agency becomes aware of any unauthorized use of its User ID(s) and Passwords(s), or believes that its security has been compromised, it must notify the West Virginia State Treasurer's Office immediately. Upon receipt of such notice, the West Virginia State Treasurer's Office will take reasonable steps to protect the account information, including, but not limited to, voiding the existing User ID(s) and Password(s) and issuing a new User ID(s) and Password(s).

PRINTED NAME: \_\_\_\_\_      TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_