

Larry Pack  
WV State Treasurer



Cash Management Division  
322 70<sup>th</sup> Street SE  
Charleston, WV 25304  
Phone: (304) 558-3599  
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## Depository Designation Request Form

Request for Depository Designation for Agency Receipts and/or Deposits as defined by West Virginia Code #12-2-2

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency Department: \_\_\_\_\_ Agency Tax ID/FEIN: \_\_\_\_\_

**Recommendation is hereby made to permit this agency to deposit funds in the West Virginia State Treasurer's account at the depository described below:**

Recommended/Preferred Depository (Bank) Name: \_\_\_\_\_

**\*Credit Card deposits should be noted as Truist.**

Depository (Bank) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of deposits and/or receipts (Credit Card or Cash/Checks) **\*if credit card, please specify if transaction will be in-person or online:**

\_\_\_\_\_  
\_\_\_\_\_

For locations requesting credit card deposits, mark if accepting American Express:      Yes                      No

Purpose of account: \_\_\_\_\_

\_\_\_\_\_

Amount of average monthly deposits: \_\_\_\_\_

Schedule of cash deposit frequency (Daily, Weekly, Monthly, etc.): \_\_\_\_\_

Special financial services needed: \_\_\_\_\_

List of "Spending Unit" positions involved with Cash collection point, description of their duties and how segregation of duties will be maintained: \_\_\_\_\_

\_\_\_\_\_

Preferred deposit ticket style (must be duplicate or triplicate): \_\_\_\_\_

Preferred number of deposit tickets (must be 200 or 400 count): \_\_\_\_\_

**Address where deposit tickets should be sent:**

Agency: \_\_\_\_\_

Address (No PO box; must be street address): \_\_\_\_\_

\_\_\_\_\_

Attention to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Endorsement Stamp:**

New endorsement stamp needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Endorsement stamps will be ordered as follows and shipped to the agency contact:

FOR DEPOSIT ONLY  
STATE OF WEST VIRGINIA

\_\_\_\_\_  
"AGENCY NAME" (Can include deposit location number too)

\_\_\_\_\_  
"BANK ACCOUNT" (e.g. Truist "acct. #") *\*STO to complete*

**Agency Contact Information:**

Agency Contact Name: \_\_\_\_\_

Agency Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency Contact Phone Number: \_\_\_\_\_

Agency Contact Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*You may email [ReconGroup@wvsto.com](mailto:ReconGroup@wvsto.com) or call 304-558-3599 for questions regarding this form.

\*\*Email completed form to [ReconGroup@wvsto.com](mailto:ReconGroup@wvsto.com) or fax to 304-340-1511.

\*\*\*If your spending unit accepts credit cards, either via the WVSTO's e-government platform or through payment terminals, you must have policies and procedures in effect at your spending unit to insure proper credit card handling and safeguarding of credit card information as it relates to e-government and point-of-sale transactions. The Credit Card Handling Handbook is available on the STO's website located here: <http://www.wvsto.com/Portals/wvtreasury/content/Banking/Accounting/Credit%20Card%20Handling%20Handbook.pdf>. It provides valuable information for your spending unit in credit card handling.