



STATE AGENCY CHANGE OF SIGNERS APPLICATION
 BANK OF NORTH DAKOTA
 RETAIL & CUSTOMER SERVICE
 SFN 62274 (01-2023)

Legal Name <input type="checkbox"/> State of North Dakota <input type="checkbox"/> Other - specify:		Tax Identification (ID) Number	
State Agency Name		Telephone Number	
Account Number(s)			
Physical Address	City	State	ZIP Code
Mailing Address (if different)	City	State	ZIP Code

List all current signers and indicate if they should remain as authorized or be removed. List new signers to be added

Authorized Signer 1	Title	Authorization Status <input type="checkbox"/> Remain <input type="checkbox"/> Remove <input type="checkbox"/> Add
Telephone Number	Email Address	Powers Granted* (select all that apply) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Authorized Signer 2	Title	Authorization Status <input type="checkbox"/> Remain <input type="checkbox"/> Remove <input type="checkbox"/> Add
Telephone Number	Email Address	Powers Granted* (select all that apply) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Authorized Signer 3	Title	Authorization Status <input type="checkbox"/> Remain <input type="checkbox"/> Remove <input type="checkbox"/> Add
Telephone Number	Email Address	Powers Granted* (select all that apply) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Authorized Signer 4	Title	Authorization Status <input type="checkbox"/> Remain <input type="checkbox"/> Remove <input type="checkbox"/> Add
Telephone Number	Email Address	Powers Granted* (select all that apply) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Authorized Signer 5	Title	Authorization Status <input type="checkbox"/> Remain <input type="checkbox"/> Remove <input type="checkbox"/> Add
Telephone Number	Email Address	Powers Granted* (select all that apply) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Authorized Signer 6	Title	Authorization Status <input type="checkbox"/> Remain <input type="checkbox"/> Remove <input type="checkbox"/> Add
Telephone Number	Email Address	Powers Granted* (select all that apply) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Additional Information

***POWERS GRANTED DESCRIPTIONS:**
 1. Open any deposit or share account(s) in the name of the government agency.
 2. Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with the Bank of North Dakota
 3. Other - specify:

I certify that I am a current authorized signer and authorized to request changes to an existing account.

Print or Type Name	Title	
Signature		Date