



STATE AGENCY NEW ACCOUNT APPLICATION
 BANK OF NORTH DAKOTA
 RETAIL & CUSTOMER SERVICE
 SFN 61396 (01-2023)

<input type="checkbox"/> Open New Checking Account				<input type="checkbox"/> Open New Savings Account			
Legal Name <input type="checkbox"/> State of North Dakota <input type="checkbox"/> Other - specify:					Tax Identification (ID) Number		
State Agency Name					Telephone Number		
Account Title							
Physical Address				City		State	ZIP Code
Mailing Address (if different)				City		State	ZIP Code
Request Checks <input type="checkbox"/> Yes <input type="checkbox"/> No		Interest Bearing Account <input type="checkbox"/> Yes <input type="checkbox"/> No			Online Banking/BND Direct Access <input type="checkbox"/> Yes <input type="checkbox"/> No		

AUTHORIZED SIGNERS

Authorized Signer 1			Title		
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		
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		
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		
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		
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		
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 authorized to request a new account.

Print or Type Name		Title	
Signature			Date