



STATE AGENCY NEW ACCOUNT/CHANGE OF SIGNERS APPLICATION

BANK OF NORTH DAKOTA
RETAIL & CUSTOMER SERVICE
SFN 61396 (03-2018)

Open New Account Update Authorized Signers

Legal Name		Tax Identification (ID) Number	
State Agency Name	Account Title		
Physical Address	City	State	ZIP Code
Mailing Address (if different)	City	State	ZIP Code

Authorized Signer 1	Title	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Authorized Signer 2	Title	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Authorized Signer 3	Title	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Authorized Signer 4	Title	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Authorized Signer 5	Title	<input type="checkbox"/> Add	<input type="checkbox"/> Remove

Request Checks
 Yes No

Additional Information

I certify that I am authorized to request a new account and/or request changes to an existing account.

Print or Type Name	Title	
Signature		Date