

BANK ACCOUNT ESTABLISHMENT REQUEST  
CO-929 REV. 12/2019

TO: OFFICE OF THE STATE COMPTROLLER, 165 CAPITOL AVENUE, HARTFORD, CT 06106  
and OFFICE OF THE STATE TREASURER, 165 CAPITOL AVENUE, HARTFORD, CT 06106

REQUESTING AGENCY - NAME AND ADDRESS		F.E.I.N. NUMBER	
CONTACT PERSON	TITLE	TELEPHONE NUMBER	DATE OF REQUEST
AGENCY HEAD APPROVAL		DATE APPROVED	

IN ACCORDANCE WITH CGS 4-33 WE HEREBY REQUEST APPROVAL TO ESTABLISH THE FOLLOWING BANK ACCOUNT(S);  
 NEW       REPLACEMENT       SUPPLEMENTAL       CHANGE IN BANK OR ACCOUNT NUMBER

PLEASE PROVIDE THE NAME(S) AND ACCOUNT NUMBER(S) OF THE EXISTING ACCOUNT(S) IF YOU ARE REQUESTING A REPLACEMENT OR SUPPLEMENTAL ACCOUNT.

TYPE OF FUND (CHECK APPROPRIATE BOX)  
 GENERAL       TRUSTEE       OTHER (SPECIFY)

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL ACCOUNTS

1. HOW MANY TRANSACTIONS:  
a. DEPOSITS      MONTHLY      ANNUALLY

b. DISBURSEMENTS      MONTHLY      ANNUALLY

2. EXPECTED AVERAGE MONTHLY BALANCE

3. JUSTIFICATION FOR THE ACCOUNT (Attach additional sheet if necessary)

4. REQUESTED BANK NAME AND ADDRESS

THE REQUEST TO ESTABLISH A NEW BANK ACCOUNT AT THE BANKING INSTITUTION NAMED ABOVE IS:       APPROVED       DISAPPROVED

STATE COMPTROLLER-AUTHORIZED SIGNATURE

TITLE	DATE
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COMMENTS

THE REQUEST TO ESTABLISH A NEW BANK ACCOUNT AT THE BANKING INSTITUTION NAMED ABOVE IS:       APPROVED       DISAPPROVED

STATE TREASURER-AUTHORIZED SIGNATURE

TITLE	DATE
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COMMENTS