

Request for Additional Information

MSUE Bank Balances – June 30, 20__

County Name:

Is this account considered the district account? Yes No

Contact Person:

Email:

Phone:

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1. Please provide a list of names who is authorized to sign on your MSUE accounts. If you have multiple accounts, please provide information for each account.

Account Number:

Type of Account
(Checking, CD, Share, etc):

Authorized staff able to sign on MSUE account:

Account Number:

Type of Account
(Checking, CD, Share, etc):

Authorized staff able to sign on MSUE account:

Account Number:

Type of Account
(Checking, CD, Share, etc):

Authorized staff able to sign on MSUE account:

Check box, if #1 does not apply. We do not have any bank accounts.

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2. Please provide a list of **credit cards** used in conjunction with the county bank accounts (VISA, MASTERCARD, store name such as Sam's Club...) *This does not include a request for MSU purchasing card information.*

Credit Card Name:

Credit Card Number:

Authorized MSUE Staff to use credit card (list names):

Credit Card Name:

Credit Card Number:

Authorized MSUE Staff to use credit card (list names):

Check box, if #2 does not apply. We do not have credit cards associated with the MSUE bank accounts.

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3. Please provide information regarding **store line of credit:** (ACE, True Value, Glen's Market, IGA...)

Name of Business:

Store line of credit account

Authorized MSUE Staff to use store line of credit (list names):

Name of Business:

Store line of credit account

Authorized MSUE Staff to use store line of credit (list names):

Check box, if #3 does not apply. We do not have any store lines of credit associated with the MSUE bank accounts

If you have additional information to report, please use additional pages.

Thank you!