

**BANK ACCOUNT ESTABLISHMENT
REQUEST**

CO-929 REV. 1/2025



SUBMIT TO: OFFICE OF THE STATE COMPTROLLER OSC.PETTYCASH@CT.GOV AND
OFFICE OF THE STATE TREASURER, 165 CAPITOL AVENUE, HARTFORD, CT 06106

REQUESTING AGENCY - NAME	F E I N NUMBER
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REQUESTING AGENCY - ADDRESS, STREET, CITY AND STATE

CONTACT PERSON	TITLE	EMAIL	REQUEST DATE
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AGENCY HEAD APPROVAL	DATE APPROVED
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1. TYPE OF FUND (CHECK APPROPRIATE BOX)

GENERAL	TRUSTEE	OTHER (SPECIFY)
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2. IN ACCORDANCE WITH CGS 4-33 WE HEREBY REQUEST APPROVAL TO ADJUST THE FOLLOWING BANK ACCOUNT(S):

NEW	REPLACEMENT/CHANGE IN BANK OR ACCOUNT NUMBER	SUPPLEMENTAL	CLOSE
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3. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL ACCOUNTS

Existing Accounts or Enter 'NEW'		Estimated Deposits QTY/USD Amount		Estimated Disbursements QTY/USD Amount		Authorized/ Expected Balance
Account Name	Account Number	Monthly	Annually	Monthly	Annually	

4 JUSTIFICATION FOR THE ACCOUNT (Attach additional sheet if necessary)

5. REQUESTED BANK INFORMATION

NAME

ADDRESS 1

ADDRESS 2

CITY STATE ZIP CODE

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

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 DENIED

STATE TREASURER-AUTHORIZED SIGNATURE	TITLE	DATE
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COMMENTS