AUTHORIZATION TO RECEIVE CHECKS AND ACH'S FROM STATE TREASURER

NORTH DAKOTA STATE TREASURER

SFN 7015 (7-2020)

Name of Director	Name of Department

I hereby authorize the individual(s) listed below to serve as the department's representative(s) to receive checks and ACH's from the Office of the State Treasurer.

Signature of Department Head	Date

Individual(s) authorized to accept checks:

NAME	E-MAIL ADDRESS	SIGNATURE

Individual authorized to receive ACH email:

One individual from each agency must be listed in this section. This individual will receive an email containing a pdf consisting of ACH remittance vouchers processed for that specific agency. Due to PeopleSoft limitations, this email can only be sent to one email from the system. This individual will be responsible for the dissemination of the ACH remittance vouchers throughout their agency. If this individual also picks up checks, he/she must be listed in both sections of this form.

Name	E-mail Address	Signature