## Office of the State Treasurer Please fax completed form to 404-657-9066

| ARIS Change Request Form - I    | Deactivate Bank A   | ccount Inform | <u>nation</u>   |                 |  |  |
|---------------------------------|---|---------------|-----------------|-----------------|--|--|
| Agency ID Number: Agen          | Agency Name:  |               | Effectiv        | Effective Date: |  |  |
| If there are accounts you would | f there are accounts you would like to remove from the ARIS system, please list them below. |               |                 |                 |  |  |
| Deactivate Bank 1:              |   |               |                 |                 |  |  |
| Bank Name:                      | Account #   | :             |                 | ARIS Bank Code: |  |  |
| Account Description:            |   |               |                 |                 |  |  |
| Reason for deletion:            |   |               |                 |                 |  |  |
| Deactivate Bank 2:              |   |               |                 |                 |  |  |
| Bank Name:                      | Account #   | :             |                 | ARIS Bank Code: |  |  |
| Account Description:            |   |               |                 |                 |  |  |
| Reason for deletion:            |   |               |                 |                 |  |  |
| Deactivate Bank 3:              |   |               |                 |                 |  |  |
| Bank Name:                      | Account #   | :             |                 | ARIS Bank Code: |  |  |
| Account Description:            |   |               |                 |                 |  |  |
| Reason for deletion:            |   |               |                 |                 |  |  |
| Deactivate Bank 4:              |   |               |                 |                 |  |  |
| Bank Name:                      | Account #   | :             |                 | ARIS Bank Code: |  |  |
| Account Description:            |   |               |                 |                 |  |  |
| Reason for deletion:            |   |               |                 |                 |  |  |
| (Required) AUTHORIZATION - The  | above changes are a   | uthorized by: |                 |                 |  |  |
| Signature                       | Title   |               | Date            |                 |  |  |
| Printed Name:                   | Telephone:  |               | E-mail <u>:</u> |                 |  |  |
| For OST Only:                   | Date  | Initals       | 1               |                 |  |  |

| For OST Only:                     | Date | Initals |
|-----------------------------------|------|---------|
| Deactivated in ARIS               |      |         |
| Deleted from QED Bank Table       |      |         |
| Deleted templates in BOA          |      |         |
| Deleted template in Wells         |      |         |
| Scanned form and saved to R Drive |      |         |
| Provide information to Banking    |      |         |
| Provide information to Banking    |      |         |