



Office of the Arizona State Treasurer  
 1700 West Washington St., Ste 102  
 Phoenix, Arizona 85007  
 (602) 542-7800 phone  
 (602) 542-7176 fax

**REQUEST FOR AGENCY MERCHANT ACCOUNT  
 AND/OR EQUIPMENT ORDER**

Date: \_\_\_\_\_

**INSTRUCTIONS:**

1. Complete Sections I, II, and III of the form.
2. The form should indicate the purpose of establishing a separate merchant account.
3. All bank correspondence will be forwarded to the account custodian at the agency address listed in Section I.
4. For merchant accounts, the agency would need to have a signed ASTO Request for a Merchant ID (MID) and Payment Card Industry Data Security Standard (PCI-DSS) & Merchant Responsibilities Acknowledgement form on file at the Arizona State Treasurer's Office.
7. Email the completed form to banking@aztreasury.gov.

**SECTION I: AGENCY INFORMATION**

Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**SECTION II: CERTIFICATION**

In accordance with ARS 35-142, I hereby request the establishment of an agency merchant account in the name of the agency specified in Section I.

I certify that the merchant account will be used for a valid public purpose and will be consistent with applicable statutes, laws, appropriations, grants and contracts.

I certify that I will administer the merchant account in accordance with policies and procedures established by the Office of the Arizona State Treasury and the Arizona Department of Administration.

I certify that with the establishment of a merchant account the agency will assume responsibility for compliance with the Payment Card Industry Data Security Standards and the State of Arizona policy and guidelines.

The following agency official is the designated custodian of the bank account and is charged with handling and accounting procedures.

Signature of Custodian	Signature of Agency Head
Name of Custodian (Please Type or Print)	Name of Agency Head (Please Type or Print)
Title of Custodian	Title of Agency Head

**SECTION III: REQUEST**

PURPOSE FOR MERCHANT ACCOUNT:

	Web Portal Account (Bank Gateway)
	Web Portal Account (ADOA-ASET)
	Credit Card Account (POS)
	Credit Card Equipment Request: Please list equipment type below
	Other: Please explain below

METHODS OF PAYMENTS TO BE ACCEPTED:

	VISA
	MasterCard
	Discover
	American Express
	ACH/E-Check

**APPROVAL SIGNATURES (TREASURY USE ONLY)**

Treasury Banking Services

Signature of Authorization

Signature and Date	Signature and Date
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MID: \_\_\_\_\_