

# Pooled Collateral Web Portal Access User ID Request Form

Please complete all fields and have the form signed and dated and printed on company letterhead.

Mail completed forms to:

Pooled Collateral Administrator, Office of the State Treasurer, 1700 W. Washington Street, 1<sup>st</sup> Floor, Phoenix, Arizona 85007

<b><u>Depository User Information</u></b>	
<b>Name:</b>	
<b>Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	
<b>Company Name:</b>	
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 20px;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Authorized Signer Signature</span> <span>Date</span> </div>	
<b>For Treasurer's Office Use Only</b>	
Company #	
Company User ID#'s	
Company Password	
Date Sent:	Treasurer's Office Authorized Signature: