

New Mexico State Treasurer's Office - Cash Management Division

Wells Fargo Bank (CEO) Access Request Form

Request Type (select ✓)

New User _____
 Modify current User _____
 Copy Product Entitlements from current User _____
 Disable _____
 (List User) _____

User Name:	
E-mail address:	
Agency/Business Unit (xxx00)	
Address:	
City/Zip:	
Phone Number:	
Justification for request:	
Acct(s) requesting access	

Product Entitlements (✓)

ACH deletes & Reversals online	_____
ACH Fraud filter	_____
ACH inquiry	_____
ARP Register maintenance	_____
Cash Vault	Search for deposits _____, Adjusted deposits _____, Adjustments _____
Desktop deposit	User check limit\$ _____, online reports _____, desktop access _____
Event Messaging	_____
Image Positive Pay	Approve/release decisions _____, make/edit decisions _____, self-approve decisions _____
Image ACH	_____
Returned Item Services	Image retrieval _____
SAFE Transmission	_____
Self-Administration	Company admin (STO only) _____ Group admin (list agency) _____
Statements & Notices	_____
Stops-Images-Search	_____
Treasury Information Reporting	Previous day Composite _____, Express Balance _____, multibank status _____, Previous day return _____, DDA cycled statement _____
Deposit Account Activity Reports	Intraday Composite _____, Wire transfer detail _____, Controlled disbursement summary _____, Lockbox availability _____, lockbox detail _____, intraday return item detail _____,
Intraday Activity Reports	ACH origination _____, ACH receive _____, ACH return/NOC _____, ACH customer activity _____
ACH Activity Reports	ARP statements and reports (PDF) _____, ARP statements and reports (CSV/Excel) _____
ARP Activity Reports	
Wholesale Lockbox	_____
Wire Transfer	_____
Book Transfer	_____

*User Signature: _____ Date: _____

Agency CFO Authorization: _____ Date: _____

Print CFO Name: _____

** You are responsible for safeguarding your password, ID and any other account information generated from the Commercial Electronic Office (CEO) system. You must notify the Cash Management Division if you change job assignments or are no longer employed by the agency.*

(STO Use Only)

Reviewed & Approved: _____ Denied _____: _____ Date: _____

Authorized: _____ Date: _____