



Account Transfer Request

Use this form to initiate an account transfer from a Treasury Account. Fax this form to the fax number at the bottom of the page or send by e-mail to infax.finance@ost.state.or.us.

Agency No.	Agency Name
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Transfer Date (m/d/yyyy)	AT No. (optional)*
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*A system-generated document number will be assigned if AT No. is left blank.

Sending Account

TC 150

Account Title	Account to Be Charged	Amount
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Receiving Account(s)

TC 103

Account Title	Account to Be Credited	Amount
Account Title	Account to Be Credited	Amount
Account Title	Account to Be Credited	Amount
Account Title	Account to Be Credited	Amount
Account Title	Account to Be Credited	Amount
Account Title	Account to Be Credited	Amount
Account Title	Account to Be Credited	Amount
Account Title	Account to Be Credited	Amount
		Total

Description (Optional)

Requests must be received by 1:00 p.m. to be processed the same business day.

Check box
if you need
to use an
electronic
signature
[Learn more](#)

Authorized Signature	Date (m/d/yyyy)	
Name	Title	Phone Number

TREASURY USE ONLY		
	INITIALS	DATE
Sig. Verified		