

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REGIONAL BANK LIAISON APPLICATION

(This form is applicable to DDSN Regional Centers only)

Regional Finance Directors must select at least one person (or more, if needed) from their staff to act as Regional Bank Liaison in accordance with DDSN Directive 200-02-DD.

NOTE: UNDER NO CIRCUMSTANCES SHOULD A REGIONAL BANK LIAISON ALSO BE A CARDHOLDER.

In order to process this application, the entire form must be completed. The request cannot be processed unless ALL required information has been supplied.

APPLICANT INFORMATION	
Full Name:	Phone Number:
Physical Street Address & Building Name:	Mailing Address (if different from street address):
E-mail Address:	Region/County:

I certify by my signature below that I will fulfill the responsibilities of Regional Bank Liaison as explained in DDSN Directive 200-02-DD: Financial Management of Personal Funds.

Signature (Applicant) _____
Date

I delegate authority to the above named applicant to fulfill the duties of Regional Bank Liaison and I agree that he or she will comply with all guidelines of the DDSN Regional Bank Purchasing Card Program as well as with DDSN policies and procedures as they relate to the Regional Bank.

Signature (Regional Finance Director) _____
Date