

**Office of the State Controller
North Carolina Accounting System
Check Printing Form**

Please provide the following information for the persons who will perform the check printing functions at your agency. They will be our primary contact if there are problems with the check printing process.

Agency Name:	
Contact Name:	
Phone:	
Fax:	
Physical Location of Check Printer:	
Address:	

Primary Check Writer:	
Phone:	
NC ID:	
Email Address:	

Secondary Check Writer:	
Phone:	
NC ID:	
Email Address:	

Remove Check Writer:	
Phone:	
NC ID:	
CSeries Usergroup	
CSeries Username	

Certification of Agency Head, President, or Chairman:	
Signature:	
Date:	
Email Address:	

OSC USE ONLY	
Date Received:	
Date Confirmation Sent to the Agency:	
Model Staff:	