West Virginia State Treasurer’s Office
Application for New Lockbox

Agency Name and Address
________________________________________________________________________
________________________________________________________________________

Accounting or Revenue Contact
Name: ____________________________________________
Phone: _____________________________   Fax:   _____________________________
Email: ________________________________________________________________________

Systems Contact
Name: ____________________________________________
Phone: _____________________________   Fax:   _____________________________
Email: ________________________________________________________________________

1. What is the amount of revenues collected annually? _________________________________
___________________________________________________________________________

2. What is the source of the revenues collected by your agency? _________________________
___________________________________________________________________________

3. What are the current collection methods used? (ACH, Wire Transfers, Checks, Credit Cards
or other. Please list in order of frequency of use)
   -
   -
   -
   -
4. What are your billing cycles and number of payments per cycle? ______________________
___________________________________________________________________________

5. How many staff currently process your revenues? ________________________________

6. What is the current workflow of revenue processing from start to finish? ________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

7. How do you produce your invoices / billing statements?
   ▪ Who prints them? ________________________________
   ▪ Who mails them? ________________________________

8. Can you provide an example of your invoice / billing statement to us? ________________

9. What is your current stockpile of invoicing materials and how soon will you be re-ordering?
___________________________________________________________________________
___________________________________________________________________________

10. What Account Receivable systems do you currently use? (Please include version number)
__________________________________________
__________________________________________
__________________________________________

11. Can your system receive an import file and in what format? ________________________
__________________________________________
12. What data do you maintain from your invoice? ______________________________________
________________________________________________________________________________

13. Do you have FTP and email capabilities? _______________________________________

14. Are there any constraints you face that the Treasurer’s Office should know about?
________________________________________________________________________________
________________________________________________________________________________

Application completed by: __________________________ Date ________________________

Call Michael Buchanan at 304-341-0717 with any questions. Upon completion of this
application please fax it to 304-340-1516 or mail to:

Michael Buchanan
Receipts Processing Division
West Virginia Treasurer's Office
1900 Kanawha Boulevard East
Charleston, WV 25305