



# Deposit Account (Printing and Binding) Form 4045

For GPO Use Only

Date received \_\_\_\_\_

New BAC \_\_\_\_\_

Date BAC and password sent to customer \_\_\_\_\_

Date DD Form 448-2 signed and sent back to customer \_\_\_\_\_

**Check Only One Action** (Establish, Replenish, Refund, or Transfer)

**Establish a New Deposit Account** New Deposit Account Amount \$ \_\_\_\_\_

**Replenish an Existing Deposit Account**  
Billing Address Code (BAC) \_\_\_\_\_ Replenish Amount \$ \_\_\_\_\_

**Refund Request on a Deposit Account**  
Billing Address Code (BAC) \_\_\_\_\_ Refund Amount \$ \_\_\_\_\_

**Transfer Request** From BAC \_\_\_\_\_ To BAC \_\_\_\_\_ Amount of Transfer \$ \_\_\_\_\_

**MIPR** — (Military Interdepartmental Purchase Request) and acceptance of MIPR attached.

(Required for IPAC Funding)

**Agency Location Code (ALC)**  **Business Event Type Code (BETC)** \_\_\_\_\_

**Treasury Account Symbol (TAS)**

Sub-level Prefix Code (2)	Allocation Transfer Agency Identifier (3)	Agency Identifier (3)	Beginning Period of Availability (4)	Ending Period of Availability (4)	Availability Type Code (1)	Main Account Code (4)	Sub-Account Code (3)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Update:**  Change administrator  Add a backup administrator  Contact information (Administrator or Finance POC)

**AGENCY DEPOSIT ACCOUNT ADMINISTRATOR**

Name \_\_\_\_\_

Department or Government Establishment \_\_\_\_\_ Bureau/Office \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**AGENCY FINANCE POINT-OF-CONTACT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**LOA or MIPR Information**

(Go to <http://www.gpo.gov/customers/sf1.htm> for more information.)

Additional Information

I certify that the advanced transfer of funds is authorized by law and necessary to the conduct of official Government business of the above-mentioned establishment. I understand that this form authorizes the transfer of funds for the Deposit Account Program and that my Government establishment is responsible for ensuring that the funds are available for the fiscal year in which they are obligated with a Standard Form 1.

Authorizing Signature (must be on file with GPO) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**IPAC FUNDING** Submit completed form to the Accounts Receivable & Collections Office at [arc@gpo.gov](mailto:arc@gpo.gov)

**CHECK FUNDING** Mail completed form with check, made payable to the: U.S. Government Publishing Office 732 North Capitol Street, NW Room B-622, Disbursing Office Washington, DC 20401

For further information regarding Deposit Accounts go to <http://depositaccounts.gpo.gov/faq.jsp> or call 202.512.1189.

**Please indicate "Deposit Account" and your BAC on check.**