

LOCAL GOVERNMENT INVESTMENT POOL AUTHORIZATION FORM

Please fill out this form completely, including any existing information, as this form will **replace** the previous form.

Entity Name:
Mailing Address:

Statement Delivery Options:

EMAIL: _____ FAX: _____ BOTH

Note: Statements can only be emailed to **ONE** address due to system restrictions

Bank account where funds will be wired when a withdrawal is requested.

(Note: Funds **will not** be transferred to any account other than listed)

Bank Name:
Branch Location:
Bank Routing Number:
Accounting Number:
Account Name:

ACH Authorization: Yes No
Account Type: Checking Savings General Ledger

By selecting “Yes” and by signing this form, I hereby authorize the WA Local Government Investment Pool to initiate credit entries to the account listed above. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

Persons authorized to make deposits and withdrawals for entity listed above.

Name:	Title:	Phone Number:	Signature:

Online TM\$ Access: Yes No

If you selected yes, please complete the online section on page 2
 If you selected no, skip the online access section

TM\$ Online Web Access

Note: Only complete this section if anyone wishes to have online access. Each Full access LGIP person must also be listed on the Transaction Authorization Form. [Please do not fill out the greyed-out areas]

Name:	Service Type:				Account Type:	
	Add	Delete	Modify	No Change	Full	View Only
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Add	Delete	Modify	No Change	Full	View Only
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Add	Delete	Modify	No Change	Full	View Only
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Add	Delete	Modify	No Change	Full	View Only
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Add	Delete	Modify	No Change	Full	View Only
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Add	Delete	Modify	No Change	Full	View Only
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OST Staff	
UserID	App Date
UserID	App Date
UserID	App Date
UserID	App Date
UserID	App Date
UserID	App Date

By signing below, I certify I am authorized to represent the institution/agency for the purpose of this transaction.

<i>(Authorized Signature)</i>	<i>(Title)</i>	<i>(Date)</i>
<i>(Print Authorized Name)</i>	<i>(E-mail address)</i>	<i>(Phone no.)</i>

Any changes to these instructions must be submitted in writing to the Office of the State Treasurer.

OFFICE OF THE STATE TREASURER
STACLASHE@TRE.WA.GOV
 PHONE: (360) 902-9017
 FAX: (360) 902-9044

Date Received: ____ / ____ / ____
Account Number: _____
OK'd by: _____
<i>(For OST use only)</i> 04/26/19

State of Washington)
 County of _____) ss.
 Signed or attested before me by _____.
 Dated this ____ day of _____, 20____.

Signature of Notary

SEAL OR STAMP _____

Typed or printed name of Notary
 Notary Public in and for the State of Wash.

My appointment expires: _____