## ATTACHMENT A

## LOCAL GOVERNMENT INVESTMENT POOL AUTHORIZATION FORM

<b>Entity Name:</b>					
Mailing Address:					
Statement Delivery Option	ons:				
		□ FAX:			□ ВОТН
☐ EMAIL: Note: Statements can only	be emailed to ONE	address due to sys	tem restrictio	ns	
Bank account where fund	s will be wired when	a withdrawal is re	equested.		
Note: Funds <mark>will not</mark> be t	ransferred to any ac	count other than li	sted)		
Bank Name:					
<b>Branch Location:</b>					
Bank Routing Number	:				
<b>Accounting Number:</b>					
Account Name:					
ACH Authorization:	□ Yes	□No			
	L 1 C3	□ 1 <b>1</b> 0			
Account Type:  By selecting "Yes" and lentitate credit entries to	☐ Checking  by signing this form the account listed a	bove. I acknowled	rize the WA	Local Governm	
Account Type:  By selecting "Yes" and lentitate credit entries to account must comply with the errors authorized to main the e	☐ Checking by signing this form the account listed a the provisions of U ke deposits and with	n, I hereby authorbove. I acknowled J.S. law.	rize the WA lge that the o	Local Governm origination of A	CH transac
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## **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:			Acco	unt Type:	OST Staff				
Name: And Device Modelly Congrege Full Only Name: And Device Model	Name:	Add	Delete	Modify		Full		UserID	)		App Date
Mame: Add Delete Modely Change Full Only UserID App Date    Mame: Add Delete Modely Change Full Only Change	Email:										
Mame: Add Delete Modely Change Full Only UserID App Date    Mame: Add Delete Modely Change Full Only Change			1	T			1.0				T
Name:	Name:	Add	Delete	Modify		Full		UserID	)		App Date
Name:	Email:										
Name:		-	1	1	No		Viou				1
Name:	Name:	Add	Delete	Modify		Full		UserID	)		App Date
Name:   And   Delete   Moolify   Change   Full   View   Condition   Change   Full   Change   Full   Change   Chan	Email:										
Name:   And   Delete   Moofly   Change   Full   Only     Name:   And   Delete   Moofly   No Change   Full   View     Name:   And   Delete   Moofly   No Change   Full   View     Name:   And   Delete   Moofly   No Change   Full   View     Name:   And   Delete   Moofly   Only   Only     Email:                           Name:   And   Delete   Moofly   Only   Only     Name:   And   Delete   Moofly   Only     Name:   And   Delete   Moofly   Only     Name:   And   Delete   Moofly   Only     UserID   App Date		-	1	1	No		View				
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Rame:  Email:  By signing below, I certify I am authorized to represent the institution/agency for the purpose of this transaction.  (Authorized Signature)  (Frint Authorized Name)  (Phone no.)  Account Number:  (For OST use only)  0K'd by:  (For OST use only)  1 State of Washington of Notary  SEAL OR STAMP  Typed or printed name of Notary	Email:	$\perp$									
By signing below, I certify I am authorized to represent the institution/agency for the purpose of this transaction.  (Authorized Signature)  (Print Authorized Name)  (E-mail address)  (Phone no.)  Any changes to these instructions must be submitted in writing to the Office of the State Treasurer.  OFFICE OF THE STATE TREASURER STACI_ASHE@TRE_WA_GOV PHONE: (360) 902-9017 FAX: (360) 902-9044  State of Washington County of	Nama		1	"	No	l	View	l la a al D			Aug Data
By signing below, I certify I am authorized to represent the institution/agency for the purpose of this transaction.  (Authorized Signature) (Title) (Date)  (Print Authorized Name) (E-mail address) (Phone no.)  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  State of Washington OK'd by:		Add	<b>-</b>	Modify	Change	Full	Only	Userib	)		App Date
(Authorized Signature)  (Frint Authorized Name)  (Fhone no.)  Any changes to these instructions must be submitted in writing to the Office of the State Treasurer.  Date Received://	Email:			ļШ							
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STACI. ASHE@TRE. WA. GOV PHONE: (360) 902-9017 FAX: (360) 902-9044  State of Washington County of		must b	e submi			the Of	fice of th	e State Tro	easure		•)
PHONE: (360) 902-9017 FAX: (360) 902-9044  State of Washington County of											_
State of Washington County of							Account	Number:			
State of Washington County of	· · · · ·						OK'd b	y:		_	
State of Washington County of								(For (	OST use	only)	04/26/19
Dated this day of, 20  Signature of Notary  SEAL OR STAMP  Typed or printed name of Notary  Page 2 of 2	County of) ss.							(107)	))]	, only)	04/20/13
Signature of Notary  SEAL OR STAMP  Typed or printed name of Notary  Page 2 of 2					·						
SEAL OR STAMP Typed or printed name of Notary  Page 2 of 2	Dated this day of	, 20	_·								
Typed or printed name of Notary Page 2 of 2	Signature of Notary										
Typed or printed name of Notary Page 2 of 2	SEAL OR STAMP										
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My appointment expires:\_\_\_