

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: City of Olympia
Mailing Address: PO Box 1967 Olympia, WA 98507

Statement Delivery Options:

EMAIL: intentionally left blank for staff report attachment 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: Intentionally left blank for staff report attachment
Branch Location: Olympia, WA
Bank Routing Number: (Intentionally left blank for staff report attachment)
Accounting Number: (Intentionally left blank for staff report attachment)
Account Name: City of Olympia

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:
Debbie Sullivan	left blank	left blank	
Nanci Lien	left blank	left blank	
Jana Brown	left blank	left blank	
Sharon Espejo	left blank	left blank	
Veronica Warren	left blank	left blank	
Meegan Crossan	left blank	left blank	
Joan Lutz	left blank	left blank	

Online TMS Access: Yes No

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

TMS 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]**

	Service Type:				Account Type:	
	Add	Delete	Modify	No Change	Full	View Only
Name:Debbie Sullivan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:Nanci Lien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:Jana Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email: j	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:Sharon Espejo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Email:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name:Veronica Warren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:Meegan Crossan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Email:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name:Joan Lutz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OST Staff	
UserID	App Date

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

	Administrative Services Director	
(Authorized Signature)	(Title)	(Date)
Debbie Sullivan	dsulliva@ci.olympia.wa.us	
(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

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

State of Washington }
 County of _____ } ss.

Signed and 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: _____