

# LOCAL GOVERNMENT INVESTMENT POOL AUTHORIZATION FORM

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

<b>Entity Name:</b>
<b>Mailing Address:</b>

**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)

<b>Bank Name:</b>
<b>Branch Location:</b>
<b>Bank Routing Number:</b>
<b>Accounting Number:</b>
<b>Account Name:</b>

**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](mailto:STACLASHE@TRE.WA.GOV)  
 PHONE: (360) 902-9017  
 FAX: (360) 902-9044

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

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: \_\_\_\_\_