

LOCAL GOVERNMENT INVESTMENT POOL
ACH AUTHORIZATION FORM

Entity Name	Contact Person
Address	Title
City	Telephone Number
State Zip	E-mail Address

I hereby authorize the WA Local Government Investment Pool (LGIP) to initiate credit entries to our () checking, () savings, () general ledger (select one) account indicated below at the depository financial institution named below and to credit the same to such account. LGIP is authorized to reverse the full amount of any credit made in error. If a reversal action is required, LGIP will notify the receiver of the error and reason for reversal. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

Depository Name
Transit Routing Number
Account Number

This authorization is to remain in full force and effect until LGIP has received written notification from us of its termination in such time and in such manner as to afford LGIP and the depository financial institution a reasonable opportunity to act on it.

Authorization (Print)	Title (Print)
Authorization Signature on Account	Date

OFFICE OF THE STATE TREASURER
LOCAL GOVERNMENT INVESTMENT POOL
PO BOX 40200
OLYMPIA, WA 98504-0200
FAX: (360) 902-9044

Date Received: ____ / ____ / ____
Fund Number: _____
(for LGIP use only)

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

SEAL OR STAMP

Signature of Notary

Typed or printed name of Notary
Notary Public in and for the State of Wash.
My appointment expires: _____