

**LOCAL GOVERNMENT INVESTMENT POOL  
TRANSACTION AUTHORIZATION FORM**

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

Name of Entity:	Mailing Address:
Fax Number:	
E-mail Contact:	

How do you wish to have your monthly LGIP statements faxed or emailed to the information listed above?

**Please note** – if you choose to receive statements via email, fax or U.S. Mail.

Email       Fax       U.S. Mail

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

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

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

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

Name	Title	Signature	Telephone Number

**By signature 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 Signature)</i>	<i>(E-mail Address)</i>	<i>(Telephone number)</i>

**Any changes to these instructions must be submitted in writing to the Office of the State Treasurer. Please mail this form to the address listed below:**

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: \_\_\_\_\_