



**California State Treasurer's Office
Local Agency Investment Fund (LAIF)**

New Regular Account

Date: _____
 Agency Legal Name: _____
 Attention (title only): _____
 Mailing Address: _____

 Phone Number: _____

Only the following individuals of this agency whose names appear in the table below are hereby authorized to order the deposit or withdrawal of funds in LAIF.

Name	Title

Banking Information

Bank Name, Branch Number, Address & Phone Number	Account & ABA (Routing) Number*	LAIF Bank
	Account #: ABA #:	
	Account #: ABA #:	

***Subject to verification by the State Treasurer's Office. Please attach an original voided check or bank statement showing the full bank account number.**

Two authorized signatures required. Each of the undersigned certifies that he/she is authorized to execute this form under the agency's resolution, and that the information contained herein is true and correct.

_____ Signature	_____ Signature
_____ Print Name and Title	_____ Print Name and Title
_____ Phone Number	_____ Phone Number

Please provide email address to receive LAIF email notifications.

Name	Email

Please email the completed form for review to laif@treasurer.ca.gov and allow 2 days for a response.
DO NOT mail the original form until you receive approval.
 Mail the approved form to: CA State Treasurer's Office
 Local Agency Investment Fund
 P.O. Box 942809
 Sacramento, CA 94209-0001