



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

Bank Account Authorization

Effective Date _____

Agency Name _____

LAIF Account # _____

Agency's LAIF Resolution # _____ or Resolution Date _____

ONLY the following bank account(s) listed in the table below are hereby authorized for agency transfers with LAIF. ***This authorization REPLACES AND SUPERCEDES all prior authorizations on file with LAIF.***

Bank Name, Branch Number, Address & Telephone	Account & ABA (Routing) Number*	Intermediary Bank
	Account #: ABA #:	
	Account #: ABA #:	
	Account #: ABA #:	
	Account #: ABA #:	

*Subject to verification by the State Treasurer's Office. **Attach voided check or deposit slip for account verification and complete wiring instructions, if applicable.**

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

Print Name

Title

Title

Telephone

Telephone

Please provide email address to receive LAIF email notifications.

Name	Email

**Mail completed form to: State Treasurer's Office
Local Agency Investment Fund
P.O. Box 942809
Sacramento, CA 94209-0001**