



**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 SUPERSEDES all prior authorizations on file with LAIF.***

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

***Subject to verification by the State Treasurer's Office. For all new bank account(s) being added: 1) Bank account must be in the agency's name. 2) Attach an original voided check or bank statement showing the name on the account and the full bank account number. 3) Attach a bank reference letter.**

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

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

Bank Account Change Form Instructions:

Note: LAIF can only accept bank accounts that are regular checking, savings, or money market checking accounts that are in the agency's name. LAIF does not accept investment accounts, money market funds, or custody bank accounts.

Step 1: Fill out your agency information in the top section.

Effective Date	Agency Name	LAIF Account #
_____	_____	_____
Agency's LAIF Resolution # _____		or Resolution Date _____

Step 2: List all new and existing bank accounts. Any current bank accounts not listed will be removed.

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

Step 3: The LAIF Bank is the bank your agency will wire funds to when initiating a deposit into LAIF. If your bank is listed below, leave the "LAIF Bank" column blank. If your bank is not listed below, designate one of the following banks in the "LAIF Bank" column. Wiring instructions will be provided.

LAIF Depository Banks: Bank of America, BMO Bank N.A., JPMorgan Chase, U.S. Bank, Wells Fargo Bank, Westamerica Bank

Step 4: For new bank accounts only, please include both of the following documents:

1. Bank Reference Letter: Please ask your banking representative to provide a letter on bank letterhead including the following information: name on the bank account, bank account number, ABA number, bank branch, the banking representative's name and teller ID number, contact information and wet signature. LAIF will contact the bank rep to confirm the information when the original signed letter is received. Example attached.
2. Bank statement copy or original voided check or original deposit slip. The name on the bank account, full account number and ABA number must be listed.

Step 5: Have the form signed by two individuals authorized per your LAIF resolution.

Step 6: Fill out the bottom section if anyone from your agency would like to receive email notifications from LAIF.

Please provide email address to receive LAIF email notifications.

Name	Email
_____	_____
_____	_____

Step 7: Email a copy of the Bank Account Change form and the required bank documents to laif@treasurer.ca.gov for review. Once you receive approval from LAIF staff, please mail the original Bank Change form with wet signatures and all bank documents listed in Step 4.

Sample of Bank Reference letter

(Print on bank letterhead)

Date

State Treasurer's Office
Local Agency Investment Fund
901 P Street, Room 213B
Sacramento, CA 95814

Please accept this letter as a verification of the bank account and routing number for the **Agency Name**.

Name on Bank Account: XXXXXX

Bank Account Number: XXXXXX

Routing Number: XXXXXX

Bank Name:

Bank Address:

Branch Number:

If you need any additional information, please feel free to call **XXX-XXX-XXXX**.

Thank you,

(Wet signature)

*Electronic signature will not be accepted

Bank representative

Teller ID Number