



**California State Treasurer's Office  
Local Agency Investment Fund (LAIF)  
Authorization for Transfer of Funds**

Effective Date \_\_\_\_\_

Agency Name \_\_\_\_\_

LAIF Account # \_\_\_\_\_

Agency's LAIF Resolution # \_\_\_\_\_ or Resolution Date \_\_\_\_\_

**ONLY** the following individuals whose names appear in the table below are hereby authorized to order the deposit or withdrawal of funds in LAIF. ***This authorization REPLACES AND SUPERSEDES all prior authorizations on file with LAIF for the transfer of funds.***

Name	Title

**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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

Please provide email address to receive LAIF notifications.

Name	Email

**Please email the completed form for review to [laif@treasurer.ca.gov](mailto: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

# Authorization Change Form Instructions:

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

Effective Date	Agency Name	LAIF Account #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency's LAIF Resolution # <input type="text"/>		or Resolution Date <input type="text"/>

**Step 2:** List all new and existing authorized individuals. Any current authorized people not listed will be removed.

Name	Title
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Step 3:** Have the form signed by two individuals authorized per your LAIF resolution. The two signers will have to be included on the list of new and existing authorized individuals, unless they are signing themselves off the LAIF account.

If the signers are new to the account, they will need to include proof of title. LAIF will accept any one of the following as proof of title:

1. Original Business card
2. Approved/signed board minutes
3. Name and title posted on your agency website (Provide a direct website link)
4. Personnel employment papers (Certified oath of office or certified appointment papers)
5. Agency's certified resolution copy showing name and title.

**Step 4:** 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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Step 5:** Email a copy of the Authorization Change form and the required proof of title if needed to [laif@treasurer.ca.gov](mailto:laif@treasurer.ca.gov) for review. Once you receive approval from LAIF staff, please mail the original Authorization Change form with wet signatures and the proof of title listed in Step 3.