

**LOCAL AGENCY INVESTMENT FUND (LAIF)  
AUTHORIZATION FOR TRANSFER OF FUNDS**

DATE

AGENCY NAME

LAIF ACCOUNT #

\_\_\_\_\_

AGENCY'S LAIF RESOLUTION # \_\_\_\_\_ OR RESOLUTION DATE \_\_\_\_\_

**Only the following individuals of this agency whose signatures appear in the table below are hereby authorized on the LAIF account. *This authorization supersedes all prior authorizations on file with LAIF (current authorized individuals not listed below will be deleted).***

NAME*	TITLE	SIGNATURE

\* Please attach additional sheets, if necessary.

**Two authorized signatures required pursuant to your agency's resolution.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
TELEPHONE

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