



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

Date: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Attention (title only): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**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 & Telephone	Account & ABA (Routing) Number*	LAIF Bank
	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 and Title	_____ Print Name and 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**