



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

**New Regular Account**

Date: \_\_\_\_\_  
 Agency Legal 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. Please attach an original voided check or bank statement showing the full bank account number.**

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**