PRINT CLEAR

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*	Intermediary 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