



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

Bank Account Authorization

Effective Date _____

Agency Name _____

LAIF Account # _____

Agency's LAIF Resolution # _____ or Resolution Date _____

ONLY the following bank account(s) listed in the table below are hereby authorized for agency transfers with LAIF. ***This authorization REPLACES AND SUPERSEDES all prior authorizations on file with LAIF.***

Bank Name, Branch Number, Address & Phone Number	Account & ABA (Routing) Number*	LAIF Bank
	Account #: ABA #:	
	Account #: ABA #:	
	Account #: ABA #:	
	Account #: ABA #:	

***Subject to verification by the State Treasurer's Office. For all new bank account(s) being added: 1) Bank account must be in the agency's name. 2) Attach an original voided check or bank statement showing the name on the account and 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

Print Name

Title

Title

Phone Number

Phone Number

Please provide email address to receive LAIF email notifications.

Name	Email

Please email the completed form for review to 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