ADDITIONAL FUNDS APPLICATION

The completed form can be faxed, scanned and emailed or mailed to the address below.

This information is approved by this public agency’s governing board (and must be signed by a member of the board, other than the contact person listed below), for the purpose of establishing an additional fund with the State Treasurer's Office, specifically the Local Government Investment Pool. The signed application authorizes the LGIP to invest funds of this agency pursuant to Idaho Codes 67-1210 and 67-1210A. Participation in the pool will remain in effect until the account opened by this application carries a zero balance. Authorization shall be indicated by an original signature on the bottom of this form. We acknowledge we have read the LGIP Investment Statement of Understanding and LGIP Investment Policy and agree to the terms and conditions stated therein, and any subsequent changes thereto. A copy of any changes to the Statement of Understanding and Investment Policy will be provided to this agency upon request.

AGENCY NAME:_______________________________________________________________________________
MAILING ADDRESS:___________________________________________________________________________
CITY, STATE:___________________________________________________  ZIP:__________________________
CONTACT NAME:______________________________________________________________________________
PHONE:__________________________________              FAX :________________________________________
E-MAIL ADDRESS:_____________________________________________________________________________
DESIGNATED BANK NAME:__________________________________ CITY:_________________STATE:________
ABA TRANSIT/Routing NUMBER:_______________________ ACCOUNT NUMBER:_______________________
BANK PHONE NUMBER:__________________________ BANK FAX NUMBER:____________________________

The signature below, by an authorized member of this agency’s governing board, will hereby authorize the State Treasurer to initiate debit and credit entries, upon the agency’s request, to and from this account in the depository financial institution named above. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of the U.S. law. Applicant will include a roster of current authorized board members, on its own letterhead, with this application and will be responsible for providing the STO any future updates to this information as they occur. This authorization is to remain in full force and effect until the State Treasurer receives notification from us of its termination in such time and in such manner as to afford the State Treasurer and depository a reasonable opportunity to act on it.

NAME of Board Member: _______________________________________________________________ TITLE of Board Member:

____________________________________________ __________________________________________
SIGNATURE of Board Member  DATE
(Authorized to act on behalf of above named agency)