



Local Government Investment Pool

Ron G. Crane  
Idaho State Treasurer  
Idaho State Treasurer's Office

**BANKING INFORMATION DIRECT DEPOSIT AUTHORIZATION – CHANGE FORM**

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

A new form must be completed, in full, for each investment fund affected by banking information changes, authorized by the agency's governing board. Authorization shall be indicated by an original signature on the bottom of this form.

AGENCY NAME: \_\_\_\_\_

FUND NUMBER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

.....  
"NEW" DESIGNATED BANK NAME: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ABA TRANSIT/ROUTING #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX : \_\_\_\_\_  
.....

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  
(authorized to act on behalf of above named agency)

\_\_\_\_\_  
DATE