

LOCAL GOVERNMENT INVESTMENT POOL AUTHORIZATION FORM

Please fill out this form completely, including any existing information, as this form will **replace** the previous form.

Entity Name: City of Lynden
Mailing Address: PO Box 342, Lynden, WA 98264

Email for Statement Delivery: christensens@lyndenwa.org

Note: Statements can only be emailed to **ONE** address due to system restrictions

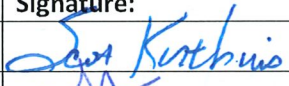

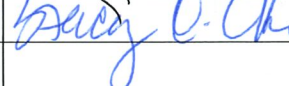

Bank account where funds will be wired when a withdrawal is requested.
 (Note: Funds **will not** be transferred to any account other than the one listed below)

Bank Name: Peoples Bank
Branch Location: Lynden
Bank Routing Number: 125104425
Accounting Number: 5017730036
Account Name: City of Lynden Regular Account

ACH Authorization: Yes No
Account Type: Checking Savings General Ledger

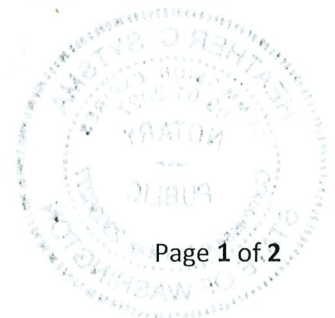
By selecting "Yes" and by signing this form, I hereby authorize the WA Local Government Investment Pool to initiate credit entries to the account listed above. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

Persons authorized to make deposits and withdrawals for entity listed above.

Name:	Title:	Phone Number:	Signature:
Scott Korthuis	Mayor	360-255-7111	
Laura Scholl	Finance Director	360-255-5928	
Christy Fowler	Accounting Manager	360-255-5926	
Stacy Christensen	Budget Manager	360-255-5923	

Online TM\$ Access: Yes No

If you selected yes, please complete the online section on page 2
 If you selected no, skip the online access section




TM\$ Online Web Access

Note: Online access is optional. Each person wanting Full online access must be listed as authorized to initiate transactions on page 1.

Name:	Email:	Select one of the following:				Account Type:	
		Add	Delete	Modify	No Change	Full	View Only
Anthony Burrows	burrowsa@lyndenwa.org	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scott Korthuis	korthuiss@lyndenwa.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Linda Schreifels	schreifelsl@lyndenwa.org	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stacy Christensen	christensens@lyndenwa.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laura Scholl	scholll@lyndenwa.org	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Christy Fowler	fowlerc@lyndenwa.org	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I certify I am authorized to represent the institution/agency for the purpose of this transaction.

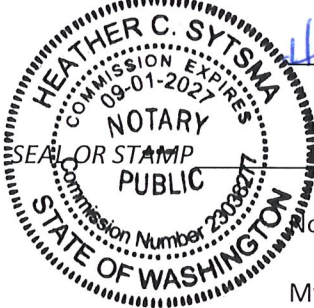
	Finance Director	July 8, 2024
(Authorized Signature)	(Title)	(Date)
Laura Scholl	scholll@lyndenwa.org	360-255-2829
(Print Authorized Name)	(E-mail address)	(Phone no.)

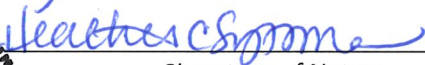
Any changes to these instructions must be submitted in writing to the Office of the State Treasurer.

OFFICE OF THE STATE TREASURER
STACI.ASHE@TRE.WA.GOV
 PHONE: (360) 902-9017

Date Updated:	_____
Account Number:	_____
Updated by:	_____
(For OST use only)	11/9/22

State of Washington)
 County of Whatcom) ss.
 Signed or attested before me by Laura Scholl
 Dated this 08 day of July, 2024




 Signature of Notary
 Heather C Sytsma
 Typed or printed name of Notary
 Notary Public in and for the State of Wash.
 My appointment expires: 09/01/2027

