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 McCleary
Physical Address:	100 S 3rd Street, McCleary, WA 98557
Mailing Address (if different):	

Email for Statement Delivery: juliep@cityofmccleary.com
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:	Columbia Bank
Branch Full Address:	
Bank Routing Number:	
Account Number:	
Account Name:	

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:
Julie Pope	Clerk-Treasurer	(360) 495-3667	

TM$ Online Web Access

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

	Select one of the following:				Access Type:	
Name:Julie Pope	Add	Delete	Modify	No Change	Full	View Only
Email: juliep@cityofmccleary.com	☒	☐	☐	☐	☒	☐
Name: Jon Martin	Add	Delete	Modify	No Change	Full	View Only
Email:	☐	☑	☐	☐	☐	☐
Name:	Add	Delete	Modify	No Change	Full	View Only
Email:	☐	☐	☐	☐	☐	☐
Name:	Add	Delete	Modify	No Change	Full	View Only
Email:	☐	☐	☐	☐	☐	☐
Name:	Add	Delete	Modify	No Change	Full	View Only
Email:	☐	☐	☐	☐	☐	☐
Name:	Add	Delete	Modify	No Change	Full	View Only
Email:	☐	☐	☐	☐	☐	☐
Name:	Add	Delete	Modify	No Change	Full	View Only
Email:	☐	☐	☐	☐	☐	☐

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

(***Authorized Signature***)	(***Title***)	(***Date***)
(***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)

State of Washington)
County of ____________) SS.
Signed or attested before me by ____________________________.
Dated this ___ day of ____________, 20__.

____
Signature of Notary

SEAL OR STAMP ___________________________________
Typed or printed name of Notary
Notary Public in and for the State of Wash.

My appointment expires:____________________