

TREASURER INVESTMENT POOL TRANSACTION AUTHORIZATION FORM

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

Name of Entity:	Mailing Address:
Fax Number:	
E-mail Contact:	

Do you wish to have your monthly TIP statements faxed or emailed?

Please note – if you choose to receive statements via fax, you will not receive another copy via U.S. mail.

- YES**, please fax statements **No**, please send statements via U.S. mail
 YES, please email statements

Bank account where funds will be wired when a withdrawal is requested.

(Note: Funds **will not** be transferred to any account other than that listed).

Bank Name:
Branch Location:
Bank Routing Number:
Account Number:
Account Name:

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

Name	Title	Signature	Telephone Number

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

<i>(Authorized Signature)</i>	<i>(Title)</i>	<i>(Date)</i>
<i>(Print Authorized Signature)</i>	<i>(E-mail Address)</i>	<i>(Telephone number)</i>

Any changes to these instructions must be submitted in writing to the Office of the County Treasurer. Please mail this form to the address listed below:

KLAMATH COUNTY TREASURER
 TREASURER INVESTMENT POOL
 305 MAIN STREET
 KLAMATH FALLS, OREGON 97601
 FAX: (541) 883-5165

Date Received: ____ / ____ / ____
Fund Number: _____
(for TIP use only)

State of Oregon)
 County of _____) ss.
 Signed or attested before me by _____.
 Dated this ____ day of _____, 20___.

Signature of Notary

Typed or printed name of Notary
 Notary Public in and for the State of Oregon.
 My appointment expires: _____

SEAL OR STAMP