

Oregon State Treasury
Electronic Funds Transfer (EFT) - Authorized Signers

Agency: _____

Effective Date: _____

The persons below are authorized to initiate wire transfers and ACH transactions out of the following accounts:

If authorized for all agency accounts, state "All (insert agency name) Accounts"; or if needed, attach a list signed by Agency Director or Designee.

<u>Name</u>	<u>Title</u>	<u>Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The persons below are authorized to approve the release of wire transfers and ACH transactions out of the following accounts:

If authorized for all agency accounts, state "All (insert agency name) Accounts"; or if needed, attach a list signed by Agency Director or Designee.

<u>Name (printed)</u>	<u>Title</u>	<u>Signature</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The maximum amount for any individual wire transfer request is \$_____. **(Must be filled in)**

I certify that the above individuals are authorized to perform the functions indicated. A new form will be immediately submitted for any changes in personnel that affect the authorizations.

Signature of Agency Director or Designee

Signature of Chief Financial Officer

Name: _____

Name: _____

Title: _____

Title: _____

This document supersedes all previous signature authorizations and shall continue in force until a new EFT Authorized Signers Form has been received by the Oregon State Treasury. This form cannot be amended. **Addition or deletion of authorized signers requires submission of a new EFT-Authorized Signers Form. Fax or photo copies are not acceptable.**