

**Attachment D**

**Example of Authorized Signature Letter**

Date

(Your letterhead)

Oregon State Treasury  
Attn: Local Government Investment Pool  
350 Winter Street N.E., Suite 100  
Salem, Oregon 97301-3896

To Whom It May Concern:

The \_\_\_\_\_ (Name of Local Government or Tribal Government) \_\_\_\_\_ hereby authorizes any two of the following individuals to initiate **bank account information changes** for the Local Government Investment Pool Accounts on our behalf.

Signature

Printed Name

Title

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This document supersedes all authorizations and shall continue in force until a new authorization has been received from our office.

Sincerely,

(Treasurer or Chief Financial Officer)