

Attachment G

CLOSE LOCAL GOVERNMENT POOL ACCOUNT

RIM #: _____ (for Treasury use only)

1. Name of Local Government: _____
2. Title of Pool Account: _____
3. Pool Account Number: _____ 4. Date to be Closed: _____
5. Balance to be transferred by Treasury to: Pool Account Number _____
OR Balance to be transferred by Treasury to: Bank Account Number* _____

Signature of Authorized Signer**

Date

*Bank Account **MUST** be an already established account with LGP

Authorizing individual is **REQUIRED to be on the Local Government's "Authorized Signature Letter"

Attachment G

Instructions for completing Attachment G:

1. Provide name of local government.
2. Provide title of pool account to be closed.
3. Identify pool account number to be closed.
4. Identify date pool account is to be closed.
5. If local government would like Treasury to initiate the final withdrawal transaction (account balance plus any accrued interest), fill in either the bank account number or existing pool account number to which the final withdrawal will be sent.

If you have questions regarding this form, please contact us at lgip@mail.ost.state.or.us or via phone at 1-800-452-0345.

Fax or mail the completed and signed Attachment G to the Office of the State Treasurer.

Fax number: (503) 373-1179

Mailing Address:
Office of the State Treasurer
Finance Division
Attn: LGP Coordinator
350 Winter Street, NE, Suite 100
Salem, OR 97301-3896