



Oregon State Treasury

LGIP Permissions

Use this form to add/modify/remove/retain permissions for pool Contacts. **To register a new Contact or to modify an existing registration, complete and submit an LGIP Contact Registration form.** Submit this form through EON, or fax or mail this form to the fax number or address at the bottom of the page.

Participant Information

Local Government Name	Taxpayer Identification Number
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List the pool account number(s) to which this form applies:

Pool Account 1	Pool Account 2	Pool Account 3	Pool Account 4
Pool Account 5	Pool Account 6	Pool Account 7	Pool Account 8
Pool Account 9	Pool Account 10	Pool Account 11	Pool Account 12

Add/Modify Permissions for the Listed Accounts (*Contacts must be registered with the pool*)

Contact Name	For the pool accounts listed above, this Contact may: View/Access pool account information Initiate transactions Add/Remove ACH/wire/transfer instructions* Open/Close pool accounts Manage permissions Receive electronic statements Receive paper statements		
<i>Complete the fields below only if the Contact is to receive statements.</i>			
ATTN Line			
Mailing Address			
City			

Contact Name	For the pool accounts listed above, this Contact may: View/Access pool account information Initiate transactions Add/Remove ACH/wire/transfer instructions* Open/Close pool accounts Manage permissions Receive electronic statements Receive paper statements		
<i>Complete the fields below only if the Contact is to receive statements.</i>			
ATTN Line			
Mailing Address			
City			

***At least two Contacts must be authorized to Add/Remove ACH/wire/transfer instructions.**

Add/Modify Permissions for the Listed Accounts (Continued)

Contact Name			For the pool accounts listed above, this Contact may: View/Access pool account information Initiate transactions Add/Remove ACH/wire/transfer instructions* Open/Close pool accounts Manage permissions Receive electronic statements Receive paper statements
<i>Complete the fields below only if the Contact is to receive statements.</i>			
ATTN Line			
Mailing Address			
City	State	ZIP Code	

Contact Name			For the pool accounts listed above, this Contact may: View/Access pool account information Initiate transactions Add/Remove ACH/wire/transfer instructions* Open/Close pool accounts Manage permissions Receive electronic statements Receive paper statements
<i>Complete the fields below only if the Contact is to receive statements.</i>			
ATTN Line			
Mailing Address			
City	State	ZIP Code	

**At least two Contacts must be authorized to Add/Remove ACH/wire/transfer instructions.*

Remove All Permissions for the Listed Accounts

Contact Name
Contact Name
Contact Name
Contact Name
Contact Name

Retain All Permissions for the Listed Accounts

Contact Name
Contact Name
Contact Name
Contact Name
Contact Name

Signature (The Contact signing below must already be authorized in the records of the pool to manage permissions)

Authorized Contact Signature		Authorized Contact Name		Date
Title	Phone Number	Ext.	E-mail Address	

POOL USE ONLY		
	DATE	INITIALS
Processed		
Confirmed		