



Signature Authorization

Use this form to authorize individuals to draw funds from a Treasury Account by check or account transfer. A separate form must be submitted for each account. **Any change to the below information requires submission of a new completed form. Fax and photo copies are not acceptable.** Mail this form to the address at the bottom of the page. If using electronic signatures, e-mail this form to ost.banking@ost.state.or.us.

Agency No.	Agency Name	Account Title	Account No. (5 digits only)
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Effective immediately, the following individuals are authorized to disburse funds drawn on the Oregon State Treasury, as indicated below. One or both boxes (Checks and Account Transfers) must be checked to indicate the authority of each individual.

Authorized Individuals

				Checks	Account Transfers
1	Name	Signature			
	Phone Number	Alternate Phone Number	E-mail Address		
2	Name	Signature			
	Phone Number	Alternate Phone Number	E-mail Address		
3	Name	Signature			
	Phone Number	Alternate Phone Number	E-mail Address		
4	Name	Signature			
	Phone Number	Alternate Phone Number	E-mail Address		
5	Name	Signature			
	Phone Number	Alternate Phone Number	E-mail Address		
6	Name	Signature			
	Phone Number	Alternate Phone Number	E-mail Address		

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Authorized Individuals *(Continued)*

Account
Checks Transfers

7	Name		Signature	
	Phone Number	Alternate Phone Number	E-mail Address	

8	Name		Signature	
	Phone Number	Alternate Phone Number	E-mail Address	

9	Name		Signature	
	Phone Number	Alternate Phone Number	E-mail Address	

10	Name		Signature	
	Phone Number	Alternate Phone Number	E-mail Address	

Certification

I certify that I am authorized by the above-named agency to execute this form and that the above individuals are authorized to perform the functions indicated. This authorization supersedes all previous authorizations and shall continue in force until a new authorization is received by the Oregon State Treasury.

Check box
if you need
to use
electronic
signatures
[Learn more](#)

Authorized Signature		Date (m/d/yyyy)	
Name		Title	Phone Number