



Safekeeping Authorized Signers

Use this form to authorize individuals to request security or cash deposit safekeeping releases at Treasury. **Any change to the below information requires submission of a new completed form.** E-mail this form to ost.banking@ost.state.or.us.

Agency No.	Agency Name
------------	-------------

Authorized Signers

1	Name	Phone Number	Signature
2	Name	Phone Number	Signature
3	Name	Phone Number	Signature
4	Name	Phone Number	Signature
5	Name	Phone Number	Signature
6	Name	Phone Number	Signature
7	Name	Phone Number	Signature
8	Name	Phone Number	Signature
9	Name	Phone Number	Signature
10	Name	Phone Number	Signature

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