



EFT Authorized Signers

Use this form to authorize individuals to initiate/approve ACH and wire transfer transactions from the listed accounts. **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.

Agency No.	Agency Name
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All accounts

Account No.	Account No.	Account No.	Account No.
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If more space is needed, attach a list of accounts signed by the same person signing this form.

Effective immediately, the following individuals are authorized to initiate and/or release ACH and wire transfer transactions from the accounts listed above. One or both boxes (Initiate and Release) must be checked to indicate the authority of each individual.

Name	Title	Signature	Initiate	Release	Phone Number

Amount Limit

The maximum amount for any *individual* wire transfer request is

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

Authorized By (<i>Director or Designee</i>)	Date (m/d/yyyy)
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Name	Title	Phone Number
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Authorized By (<i>Chief Financial Officer</i>)	Date (m/d/yyyy)
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Name	Title	Phone Number
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