

(Your letterhead)

## Authorized Signature Letter

Date

Oregon State Treasury

Attn: Oregon Local Government Intermediate Fund

16290 SW Upper Boones Ferry Road

Tigard, OR 97224

To Whom It May Concern:

The \_\_\_\_\_ (Name of Local Government or Tribal Government) \_\_\_\_\_ hereby authorizes any two of the following individuals to initiate **bank account information changes** for the Oregon Local Government Investment Pool Accounts on our behalf.

Signature	Printed Name	Title	Email

This document supersedes all authorizations and shall continue in force until a new authorization has been received from our office.

Sincerely,

(Treasurer or Chief Financial Officer)