

Attachment D

Example of Authorized Signature Letter

Date

(Your letterhead)

Oregon State Treasury
Attn: Local Government Investment Pool
350 Winter Street N.E., Suite 100
Salem, Oregon 97301-3896

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 Local Government Investment Pool Accounts on our behalf.

Signature

Printed Name

Title

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)