



WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
MANAGEMENT SERVICES
ATTN: DPI BUSINESS OFFICE
P.O. BOX 7841
MADISON, WI 53707-7841

INSTRUCTIONS:

1. Complete Section I to identify the organization submitting this form.
2. Choose either option "A" or option "B". Complete left-hand portion of form to identify **current** information. Complete right-hand side of Section II for **changes**.
3. *If option "A" is chosen:* Take form to your bank and secure a signature from a bank official to verify accuracy of your account numbers. Attach a preprinted deposit ticket if you have one. Then mail to the above address.
4. *If option "B" is chosen:* Send completed form directly to the Department of Public Instruction and we will obtain account verification from the LGIP administrator. You must be a member of the Local Government Pooled Investment Fund first. Contact the Office of the State Treasurer for details.
5. Section III, self explanatory.

I. IDENTIFICATION

Name of Agency/School District

FOR DPI USE

Address *Street, City, State, ZIP*

II. ACCOUNT INFORMATION (Choose A or B)

Requested Effective Date *Mo./Day/Yr.*

Option A ☐ Local Financial Institution

Current

Requested Change

Financial Institution

Financial Institution

Branch *if any*

Branch *If any*

Street Address

Street Address

City, State, ZIP

City, State, ZIP

Bank Routing Number *9-digits*

Bank Routing Number *9-digits*

Depositor Account Number

Depositor Account Number

Account Type

☐ Checking ☐ Savings

Signature of Bank Official

Date Signed *Mo./Day/Yr.*

➤

Option B ☐ Local Financial Institution

Current

Requested Change

Local Government Pool Number

Sub-Account Number

Local Government Pool Number

Sub-Account Number

Routing Number

Depositor Account Number

Routing Number

Depositor Account Number

Signature of LGIP Administrator

Date Signed *Mo./Day/Yr.*

➤

III. CERTIFICATION OF ORGANIZATION

I HEREBY AUTHORIZE the State of Wisconsin, hereinafter called State, to deposit directly to the organization's demand account at the depository named above or the Local Government Pooled Investment Fund administered through the Office of the State Treasurer, hereinafter called Depository, to credit same to such account. The State is authorized to verify data directly with the Depository. I also authorize the State of Wisconsin to make debit adjustments to the same account to correct problems or errors. This authority is to remain in full force and effect until State has received written notification from this organization to change the designated Depository in such time and in such manner as to afford state and Depository a reasonable opportunity to act on it.

Print or Type Name of Administrator or Designee

Title

Signature of Administrator or Designee

Date Signed *Mo./Day/Yr.*

➤

Contact Person's Name

Phone *Area/No.*

School Board Clerk

Phone *Area/No.*