



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	<i>FOR DPI USE</i>
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Address *Street, City, State, ZIP*

II. ACCOUNT INFORMATION (Choose A or B)

<i>Option A</i> <input type="checkbox"/> Local Financial Institution		Requested Effective Date <i>Mo./Day/Yr.</i>
<i>Current</i>	<i>Requested Change</i>	
Financial Institution	Financial Institution	
Branch <i>if any</i>	Branch <i>If any</i>	
Street Address	Street Address	
City, State, ZIP	City, State, ZIP	
Bank Routing Number <i>9-digits</i>	Bank Routing Number <i>9-digits</i>	
Depositor Account Number	Depositor Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Signature of Bank Official ➤		Date Signed <i>Mo./Day/Yr.</i>

<i>Option B</i> <input type="checkbox"/> Local Financial Institution			
<i>Current</i>		<i>Requested Change</i>	
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 <i>Mo./Day/Yr.</i>

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 <i>Mo./Day/Yr.</i>
Contact Person's Name	Phone <i>Area/No.</i>
School Board Clerk	Phone <i>Area/No.</i>