



OKLAHOMA LIQUID ASSET POOL

Authorized Users

I hereby certify that I am a Legal Representative and Authorized Official of _____, State of Oklahoma, and am empowered to appoint others to act on my behalf of said political subdivision. I hereby appoint the following individuals as Authorized Users to invest and withdraw available moneys periodically on behalf of the aforementioned political subdivision in accordance with the provisions of the Information Statement and Interlocal Cooperative Agreement of the Oklahoma Liquid Asset Pool. I further stipulate that the Authorized Users named herein are empowered to act on all Fund accounts of this public agency unless otherwise stated below:

Authorized Users List:

1

Signature Printed Name

Email Address Phone Official Title
 Authorized for Transactions or View Only Access

2

Signature Printed Name

Email Address Phone Official Title
 Authorized for Transactions or View Only Access

3

Signature Printed Name

Email Address Phone Official Title
 Authorized for Transactions or View Only Access

Attach an additional form if more than three Authorized Users are being named.

Name of Person to receive Statements By: _____
Authorized Signature

Mailing address to receive statements Printed Name

City/State Zip Code Official Title Phone

Witness my hand hereto affixed this _____ day of _____, _____.
Subscribed and sworn before me on this _____ day of _____, _____.

Signature of Notary Public

Mail this completed form to:
Oklahoma Liquid Asset Pool
OLAP Administrator
1415 28th Street, Suite 200
West Des Moines, IA 50266-1461

If you have questions, call an OLAP Administrator
at 866-472-OLAP (6527).