



OKLAHOMA LIQUID ASSET POOL
Additional Account Authorization

I. Basic Information

Name of School District: _____

Federal Identification Number: _____

Contact Person and Title: _____

Address: _____

Email Address: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

IF INITIAL INVESTMENT IS ENCLOSED, PLEASE INDICATE AMOUNT \$ _____
(Payable to Oklahoma Liquid Asset Pool)

II. New Account Information

Authorization is hereby given to Investors Management Group, as OLAP Administrator, to open the following Oklahoma Liquid Asset Pool Account(s).

Name to appear on OLAP Account (e.g. General Fund, etc.)* _____

Name and Address of Local Depository for funds transfer _____

Local Depository Account Number _____ Checking Savings

Depository's ABA Routing Number _____
(This number can be obtained from bottom of blank check or by calling your depository)

Signature of Authorized Official _____

Signature of Authorized Official _____

Title _____

Title _____

***Two signatures required**

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).