



Oklahoma Liquid Asset pool Change of Bank Account Information

I hereby certify that I am authorized by the Corporation, Partnership, Entity or Trust listed below, and am empowered to change bank account information for the OLAP Account(s) as stated.

Name of Public Agency

Phone

OLAP Account Name(s) _____

Name and Address of Local Depository for Funds Transfer _____

Local Depository Account Number _____

Checking

Savings

(For your protection, each OLAP Account may access only one depository account.)

Local Depository ABA Routing Number: _____

(This can be obtained from the bottom of a blank check or by calling your depository.)

I authorize OLAP to change bank account information as stated above. (Two signatures required.)

By: _____
Authorized Signature

By: _____
Authorized Signature

Printed Name

Printed Name

Official Title

Official Title

Date

Date

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 800-872-4024.