



GEORGIA FUND 1
(Local Government Investment Pool “LGIP”)
**Resolution to Authorize Investment
and Designate Representatives**

Effective Date*

ADDITIONAL BANKING INSTRUCTIONS

Bank 11:

Bank Name: _____ Account Title: _____
Bank Address: _____
City: _____ State: _____ Zip Code: _____
Bank Contact: _____ Bank Contact Telephone Number: _____
Corporate Trust Account: ☐ No ☐ Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

ACH Instructions

Bank ABA Number: _____ Bank Account Number: _____

Allow OST to ACH Debit for Contributions:

- ☐ Yes. If there is a debit block on this account, please provide the bank OST’s Company ID: 1581125844.
☐ No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.

WIRE Instructions

Bank ABA Number: _____ Bank Account Number: _____

Addendum Information: _____

Correspondent Bank Instructions Required? ☐ Yes ☐ No

Correspondent Bank Name: _____ Correspondent Bank ABA#: _____

Correspondent Bank City: _____ Correspondent Bank Account#: _____

Bank 12:

Bank Name: _____ Account Title: _____
Bank Address: _____
City: _____ State: _____ Zip Code: _____
Bank Contact: _____ Bank Contact Telephone Number: _____
Corporate Trust Account: ☐ No ☐ Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

ACH Instructions

Bank ABA Number: _____ Bank Account Number: _____

Allow OST to ACH Debit for Contributions:

- ☐ Yes. If there is a debit block on this account, please provide the bank OST’s Company ID: 1581125844.
☐ No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.

WIRE Instructions

Bank ABA Number: _____ Bank Account Number: _____

Addendum Information: _____

Correspondent Bank Instructions Required? ☐ Yes ☐ No

Correspondent Bank Name: _____ Correspondent Bank ABA#: _____

Correspondent Bank City: _____ Correspondent Bank Account#: _____



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Bank 13:

Bank Name: _____ Account Title: _____
Bank Address: _____
City: _____ State: _____ Zip Code: _____
Bank Contact: _____ Bank Contact Telephone Number: _____
Corporate Trust Account: ☐ No ☐ Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

ACH Instructions

Bank ABA Number: _____ Bank Account Number: _____
Allow OST to ACH Debit for Contributions:
☐ Yes. If there is a debit block on this account, please provide the bank OST’s Company ID: 1581125844.
☐ No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.

WIRE Instructions

Bank ABA Number: _____ Bank Account Number: _____
Addendum Information: _____

Correspondent Bank Instructions Required? ☐ Yes ☐ No

Correspondent Bank Name: _____ Correspondent Bank ABA#: _____
Correspondent Bank City: _____ Correspondent Bank Account#: _____

Bank 14:

Bank Name: _____ Account Title: _____
Bank Address: _____
City: _____ State: _____ Zip Code: _____
Bank Contact: _____ Bank Contact Telephone Number: _____
Corporate Trust Account: ☐ No ☐ Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

ACH Instructions

Bank ABA Number: _____ Bank Account Number: _____
Allow OST to ACH Debit for Contributions:
☐ Yes. If there is a debit block on this account, please provide the bank OST’s Company ID: 1581125844.
☐ No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.

WIRE Instructions

Bank ABA Number: _____ Bank Account Number: _____
Addendum Information: _____

Correspondent Bank Instructions Required? ☐ Yes ☐ No

Correspondent Bank Name: _____ Correspondent Bank ABA#: _____
Correspondent Bank City: _____ Correspondent Bank Account#: _____



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Bank 15:

Bank Name: _____ Account Title: _____
Bank Address: _____
City: _____ State: _____ Zip Code: _____
Bank Contact: _____ Bank Contact Telephone Number: _____
Corporate Trust Account: ☐ No ☐ Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

ACH Instructions

Bank ABA Number: _____ Bank Account Number: _____
Allow OST to ACH Debit for Contributions:
☐ Yes. If there is a debit block on this account, please provide the bank OST’s Company ID: 1581125844.
☐ No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.

WIRE Instructions

Bank ABA Number: _____ Bank Account Number: _____
Addendum Information: _____

Correspondent Bank Instructions Required? ☐ Yes ☐ No

Correspondent Bank Name: _____ Correspondent Bank ABA#: _____
Correspondent Bank City: _____ Correspondent Bank Account#: _____

Bank 16:

Bank Name: _____ Account Title: _____
Bank Address: _____
City: _____ State: _____ Zip Code: _____
Bank Contact: _____ Bank Contact Telephone Number: _____
Corporate Trust Account: ☐ No ☐ Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

ACH Instructions

Bank ABA Number: _____ Bank Account Number: _____
Allow OST to ACH Debit for Contributions:
☐ Yes. If there is a debit block on this account, please provide the bank OST’s Company ID: 1581125844.
☐ No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.

WIRE Instructions

Bank ABA Number: _____ Bank Account Number: _____
Addendum Information: _____

Correspondent Bank Instructions Required? ☐ Yes ☐ No

Correspondent Bank Name: _____ Correspondent Bank ABA#: _____
Correspondent Bank City: _____ Correspondent Bank Account#: _____



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Bank 17:

Bank Name: _____ Account Title: _____
Bank Address: _____
City: _____ State: _____ Zip Code: _____
Bank Contact: _____ Bank Contact Telephone Number: _____
Corporate Trust Account: ☐ No ☐ Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

ACH Instructions

Bank ABA Number: _____ Bank Account Number: _____
Allow OST to ACH Debit for Contributions:
☐ Yes. If there is a debit block on this account, please provide the bank OST’s Company ID: 1581125844.
☐ No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.

WIRE Instructions

Bank ABA Number: _____ Bank Account Number: _____
Addendum Information: _____

Correspondent Bank Instructions Required? ☐ Yes ☐ No

Correspondent Bank Name: _____ Correspondent Bank ABA#: _____
Correspondent Bank City: _____ Correspondent Bank Account#: _____

Bank 18:

Bank Name: _____ Account Title: _____
Bank Address: _____
City: _____ State: _____ Zip Code: _____
Bank Contact: _____ Bank Contact Telephone Number: _____
Corporate Trust Account: ☐ No ☐ Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

ACH Instructions

Bank ABA Number: _____ Bank Account Number: _____
Allow OST to ACH Debit for Contributions:
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WIRE Instructions

Bank ABA Number: _____ Bank Account Number: _____
Addendum Information: _____

Correspondent Bank Instructions Required? ☐ Yes ☐ No

Correspondent Bank Name: _____ Correspondent Bank ABA#: _____
Correspondent Bank City: _____ Correspondent Bank Account#: _____