

## SLGSafe® TEMPLATE WORKSHEET

U.S. TREASURY SECURITIES  
STATE AND LOCAL GOVERNMENT SERIES



BUREAU OF THE  
**Fiscal Service**  
LEAD. TRANSFORM. DELIVER.

The SLGSafe Template Worksheet is designed to save you valuable time after you've opened SLGSafe. Please complete, print, and sign the worksheet. Mail this template information along with your SLGSafe Application for Internet Access to the Special Investments Branch, Bureau of the Fiscal Service, 200 Third Street, P.O. Box 396, Parkersburg, WV 26102-0396.

After we've received your completed worksheet, we'll create your SLGSafe template. When you logon, the information you've provided will automatically appear each time you subscribe for a new issue. It's that easy!

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**TRUSTEE BANK**

ABA Routing Number \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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**FINANCIAL INSTITUTION MANAGING ACH PAYMENTS**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

***Direct Deposit Payment Instructions***

ABA Routing Number \_\_\_\_\_

Account Name: \_\_\_\_\_ Limit 22 characters

Account Number: \_\_\_\_\_ Limit 17 characters

Account Type  Checking  Savings

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**FINANCIAL INSTITUTION TRANSMITTING FUNDS FOR PURCHASE**

ABA Routing Number \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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ORGANIZATION AUTHORIZATION

Name of Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Title of Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Use by the Bureau of the Fiscal Service**

**Template Number**

**Processed By**

\_\_\_\_\_

\_\_\_\_\_

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NOTICE UNDER THE PAPERWORK REDUCTION ACT

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to the correct address shown in the instructions.**