OMB No. 1530-0065

SLGSafe® TEMPLATE WORKSHEET

U.S.TREASURY SECURITIES STATE AND LOCAL GOVERNMENT SERIES



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TRUSTEE BANK				
ABA Routing Number				
Name of Organization:				
Address:				
City:		State:	ZIP Code:	
FINANCIAL INSTITUTION MANAGI				
Name of Organization:				
Address:				
City:				
Direct Deposit Payment Instruction	ns			
ABA Routing Number				
Account Name:				Limit 22 characters
Account Number:				Limit 17 characters
Account Type	Savings			
FINANCIAL INSTITUTION TRANSM	IITTING FUNDS FOR F			
ABA Routing Number				
Name of Organization:				
Contact Person:				
Telephone:	Fax:		_ E-Mail:	

ORGANIZATION AUTHORIZATIO	N				
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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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.**