ACCOUNT INFORMATION FOR U.S. TREASURY SECURITIES STATE AND LOCAL GOVERNMENT SERIES TIME DEPOSIT See Instructions on Back



The United States Treasury Securities – State and Local Government Series subscribed for on FS Form 4144 to which this form is attached and incorporated, are requested to be issued and held in book-entry accounts on the books of the Department of the Treasury.

INFORMATION FOR INTEREST AND PRINCIPAL PAYMENTS:

Direct Deposit (ACH) Payment Instructions			
ABA Routing Number:	(Limit 9 characters)		
Account Name:		_ (Limit 22 characters)	
Account Number:		_ (Limit 17 characters)	
Account Type: (check one) Checking Savings			
Financial Institution Managing (ACH) Payments			
Name:			
Address:			
City:	State: ZIP Code:		
Contact Person:			
Telephone:	Fax:		
FINANCIAL INSTITUTION TRANSMITTING FUNDS FOR PURCHASE:			
ABA Routing Number:			
Name:			
Contact Person:			
Telephone:	Fax:		

U.S. TREASURY SECURITIES STATE AND LOCAL GOVERNMENT SERIES TIME DEPOSIT

Instructions

Bureau of the Øa & Au^\çaA^Á Special Investments BranchÁ 200 Third Street	Telephone Number: (304) 480-5299Á Fax Number: (304) 480-5277 Internet Address: http://www.slgs.govÁ
PO Box 396	E-Mail Address: opda-sib@ <i>-</i> ã &ædÈc^ær`¦^.govÁ
Parkersburg, WV 2610G-0396	Governing Regulations: 31 CFR Part 344

Direct Deposit (ACH) Payment Instructions: The account name, account number, account type, and ABA routing number identifying the Issuer's account designated to receive interest and principal payments via the Automated Clearing House (ACH) method.

Financial Institution Managing (ACH) Payments: The name and address of the financial institution designated by the Issuer or A the trustee bank to be contacted by 2 & & A (1) { & C (1)

- Your bank's ABA routing number for the "SENDER ABA".
- · Your organization name for the "SENDER NAME".
- ABA routing number 051036476 for the "RECEIVER ABA".
- TREAS 6: G SIB for the "RECEIVER NAME".
- 1000 for the "TYPE CODE".
- Amount of payment for the "AMOUNT" field.
- BTR for the "BUS FUNCTION CODE".
- · Name of Financial Institution Acting as Trustee/Escrow Agent for the "ORIGINATOR NAME" field.
- Name of the Issuer for the "BENEFICIARY NAME" field.
- Issue Date of subscription package in MMDDYY format for the "ORIG TO BENEF INFO" field.
- Taxpayer Identification Number (the TIN of the Issuer, NOT the Financial Institution) in the "FI to FI INFO" field.

NOTICE UNDER PAPERWORK REDUCTION ACT