

Bank Information Sheet

		F	ffec	tive	D	ate*

Please complete this form to add new banking instructions, or to change or delete existing banking instructions.

Participant Name* Street Address* City* State* Zip Code* Mailing Address* City* Authorized Representative Email* Primary Representative* Phone Number* Fax Number*
Street Address* City* State* Zip Code* Mailing Address* City* State* Zip Code* Authorized Representative Email* Primary Representative* Phone Number* Fax Number*
Street Address* City* State* Zip Code* Mailing Address* City* State* Zip Code* County* Authorized Representative Email* Primary Representative* Phone Number* Fax Number*
Mailing Address* City* State* Zip Code* County* Authorized Representative Email* Primary Representative* Phone Number* Fax Number*
Mailing Address* City* State* Zip Code* County* Authorized Representative Email* Primary Representative* Phone Number* Fax Number*
County* Authorized Representative Email* Primary Representative* Phone Number* Fax Number*
County* Authorized Representative Email* Primary Representative* Phone Number* Fax Number*
Primary Representative* Phone Number* Fax Number*
Primary Representative* Phone Number* Fax Number*
2. Instructions
Location Number* Account Number Account Name*
□ 449 TexPool □ 590 TexPool Prime
Please check all that apply:
□ Add New Account □ Add New Banking Instructions □ Change Banking Instructions □ Delete Banking Instructions
\square Wire and ACH $^+$ \square Wire Only \square ACH Only $^+$
□ Primary □ Primary □ Primary
3. Bank Information
Bank Name* Bank Address*
City* Texas Zip Code* County*
Bank ABA Number* Bank Account Number*
Bank Account Name* Bank Contact
Credit Information
Correspondent Bank Information (if applicable)
Correspondent Bank Name/City Correspondent Bank ABA Number
Correspondent Bank Account Name Correspondent Bank Account Number

Form Continues on Next Page 1 of 2

Account Number* Location Number*							
4. Signatures							
CONFIRM THE INSTRUCTIONS FOR WIRE AND ACH TRANSFERS WITH YOUR FROM YOUR BANK'S WIRING INSTRUCTIONS IF THE LOCAL BANK IS NO INSTRUCTIONS DIFFER FROM WIRING INSTRUCTIONS, PLEASE COMPLETED	T ON-LINE WITH THE FEDERAL RESERVE. IF ACH						
*If ACH availability is selected, I hereby authorize State Street Bank to directly de transfer to and from the financial institution and the account designated above ("be withdrawn with at least 45-days advance written notice to TexPool Participant right to discontinue ACH electronic transfer without advance notice. I also autho Account or from subsequent deposits made to the Designated Account all amounts withdrawn in error to Designated Account.	"Designated Account"). I agree that this authorization may Services. I understand that the Trust Company reserves the rize State Street Bank to deduct from the Designated						
Note: This authorization must be executed by a current Authorized Representates Resolution of the Participant, which is on file with TexPool.	ative of the Participant as set forth in the duly enacted						
By signing below, I authorize TexPool and its transfer agent to act on any instructions believed to be genuine for any service authorized on this form. Provided reasonable processes are used to confirm the instructions are genuine, I agree that Federated Hermes, Inc., the Texas Treasury Safekeeping Trust Company, TexPool, its transfer agent, and their respective officers, directors, affiliates, representatives, employees and agents (each an "Indemnified Party") will not be liable for any losses, claims, expenses and liabilities (collectively, the "Losses") that result from accepting such instructions, and I agree to indemnify and hold harmless each Indemnified Party from and against any and all Losses arising from or resulting from such reliance on, or acceptance of, such instructions.							
As a current Authorized Representative, I certify that the above information is k	ooth true and correct.						
Signature of First Authorized Representative*	Date*						
Printed Name*	Telephone Number*						
Title* Email*							
Signature of Second Authorized Representative*	Date*						

Email*

5. Delivery Instructions

Please return this document to **TexPool Participant Services**:

Email: texpool@dstsystems.com

Fax: 866-839-3291

Printed Name*

Title*

Federated Hermes

Telephone Number*