Print Form Clear Form

Bank Information Sheet

Effective Date*

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

***Required Fields**

1. Participant Information

Participant Name*

Street Address* City* State* Zip Code*

Mailing Address* City* State* Zip Code*

County* Authorized Representative Email*

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**
- ☐ Wire and ACH+
- ☐ Primary

☐ **Add New Banking Instructions**
- ☐ Wire Only
- ☐ Primary

☐ **Change Banking Instructions**
- ☐ ACH Only+
- ☐ Primary

☐ **Delete Banking Instructions**

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

Account Number*

Location Number*

4. Signatures

CONFIRM THE INSTRUCTIONS FOR WIRE AND ACH TRANSFERS WITH YOUR LOCAL BANK. ACH INSTRUCTIONS MAY VARY FROM YOUR BANK'S WIRING INSTRUCTIONS IF THE LOCAL BANK IS NOT ON-LINE WITH THE FEDERAL RESERVE. IF ACH INSTRUCTIONS DIFFER FROM WIRING INSTRUCTIONS, PLEASE COMPLETE AN ADDITIONAL BANK INFORMATION SHEET.

+If ACH availability is selected, I hereby authorize State Street Bank to directly deposit and withdraw funds by means of ACH electronic transfer to and from the financial institution and the account designated above ("Designated Account"). I agree that this authorization may be withdrawn with at least 45-days advance written notice to TexPool Participant Services. I understand that the Trust Company reserves the right to discontinue ACH electronic transfer without advance notice. I also authorize State Street Bank to deduct from the Designated Account or from subsequent deposits made to the Designated Account all amounts deposited in error. Likewise, I authorize State Street Bank to credit all amounts withdrawn in error to Designated Account.

Note: This authorization must be executed by a current Authorized Representative of the Participant as set forth in the duly enacted Resolution of the Participant, which is on file with TexPool.

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 both true and correct.

Signature of First Authorized Representative*

Date*

Printed Name*

Telephone Number*

Title*

Email*

Signature of Second Authorized Representative*

Date*

Printed Name*

Telephone Number*

Title*

Email*

5. Delivery Instructions

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

Email: texpool@dstsystems.com

Fax: 866-839-3291

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