



Bank Information Sheet

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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*
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449 TexPool 590 TexPool Prime

Please check all that apply:

<input type="checkbox"/> Add New Account	<input type="checkbox"/> Add New Banking Instructions	<input type="checkbox"/> Change Banking Instructions	<input type="checkbox"/> Delete Banking Instructions
<input type="checkbox"/> Wire and ACH+	<input type="checkbox"/> Wire Only	<input type="checkbox"/> ACH Only+	
<input type="checkbox"/> Primary	<input type="checkbox"/> Primary	<input type="checkbox"/> 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

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 I agree that this authorization may be withdrawn with at least 45-days advance written notice to TexPool Participant Services.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 Likewise, I authorize State Street Bank to credit all amounts withdrawn in error to Designated Account.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.

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. Mailing Instructions

The completed Bank Information Sheet can be faxed to TexPool Participant Services at 1-866-839-3291. Please mail the original form to:

TexPool Participant Services
1001 Texas Avenue, Suite 1150
Houston, TX 77002