



APPLICATION

NOTE: Retain a copy of this document for your records. Any modification shall be in writing by execution of an Update Account Information form received by the New Mexico State Treasurer's office.

ACCOUNT REGISTRATION The account shall be registered a							
Name of local public entity: _							
Title of account:							
Type of OrganizationCity/	/Town/VillageI						_
Entity's Contact Pers	on:						
Telephone Numb	oer:			Fax Num	ıber:		_
Email Addre	ess:						
Mailing Addre	ess:						
Please sel	ect how monthl	•	•	on the accorse via AC		ld be handled:	
Banking information (your ba	ınk can assist yo	ou with this	information	on):			
Name and address of Bank							-
							_
							_
Bank ABA Rout	ing Number	_	Entity	's Bank Ac	count Nur	mber	
I certify that the above inforn	nation is correc	et to the bes	st of my kn	owledge			
Print Name		*Autho	orized Sign	ature		Date	
*Only individuals who are lis	ted on the <u>Certi</u>	fication of	Authorized	Persons fo	rm are all	lowed to submit	an application.
New Mexico Local Government Investm Corporation, the Federal Reserve Board, are not guaranteed.		_					
		For	LGIP use	ONLY			
STO #	New Mevi	co LGIP Bu	reau Chief		 I	 Date	