

SLGSafe® TEMPLATE WORKSHEET

U.S. TREASURY SECURITIES
STATE AND LOCAL GOVERNMENT SERIES



BUREAU OF THE
Fiscal Service
LEAD. TRANSFORM. DELIVER.

The SLGSafe Template Worksheet is designed to save you valuable time after you've opened SLGSafe. Please complete, sign, and e-mail the worksheet. E-mail this template information along with your SLGSafe Application for Internet Access to Fiscal Service, at SLGS@fiscal.treasury.gov.

After we've received your completed worksheet, we'll create your SLGSafe template. When you logon, the information you've provided will automatically appear each time you subscribe for a new issue. It's that easy!

TRUSTEE BANK

ABA Routing Number _____

Name of Organization: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

FINANCIAL INSTITUTION MANAGING ACH PAYMENTS

Name of Organization: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Direct Deposit Payment Instructions

ABA Routing Number _____

Account Name: _____ Limit 22 characters

Account Number: _____ Limit 17 characters

Account Type Checking Savings

FINANCIAL INSTITUTION TRANSMITTING FUNDS FOR PURCHASE

ABA Routing Number _____

Name of Organization: _____

Contact Person: _____

Telephone: _____ E-Mail: _____

ORGANIZATION AUTHORIZATION

Name of Organization: _____

Name of Contact Person: _____

Telephone: _____ E-Mail: _____

Signature: _____

Date: _____

For Use by the Bureau of the Fiscal Service

Template Number

Processed By

Form Instructions

This form is optional.

The access administrator needs to completely fill out only the areas of the form that the organization wants to be included on all of their SLGS cases.

Fiscal Service will only accept e-mailed copies of this form to slgs@fiscal.treasury.gov.

Telephone Number: (304) 480-5299
Internet Address: <https://www.slgs.gov/>
E-Mail Address: SLGS@fiscal.treasury.gov
Governing Regulations: 31 CFR Part 344

NOTICE UNDER THE PAPERWORK REDUCTION ACT

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to this address; send to the e-mail address shown in the instructions.