## **Office of the Washington State Treasurer**

## **Public Deposit Protection Commission (PDPC)**

## **PDPC Securities Authorization**

|  |
| --- |
| Shaded area for OST use only |

|  |
| --- |
| **Public Depositary Name:** |

**Primary Contact (Required)** Add  Update  Delete **Secondary Contact (Required)** Add  Update  Delete

Full Authority (pledge and/or release) Full Authority (pledge and/or release)

|  |  |
| --- | --- |
| Name: | Name: |
| Title: | Title: |
| E-mail Address: | E-mail Address: |
| Phone: Fax: | Phone: Fax: |
| Signature: | Signature: |
| Approve Date: UserID: | Approve Date: UserID: |

**Additional Contact** Add  Update  Delete **Additional Contact** Add  Update  Delete

Full (pledge and/or release) Partial (Pledge Only) Full (pledge and/or release) Partial (Pledge Only)

|  |  |
| --- | --- |
| Name: | Name: |
| Title: | Title: |
| E-mail Address: | E-mail Address: |
| Phone: Fax: | Phone: Fax: |
| Signature: | Signature: |
| Approve Date: UserID: | Approve Date: UserID: |

==============================================================================================

I certify I am authorized to represent the Public Depositary for the purposes of this authorization.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **(Authorized Signature)** | **(Title)** | **(Date)** |
|  |  |  |
| **(Print Authorized Name)** | **(E-mail Address)** | **(Phone Number)** |

Changes to these instructions must be submitted on a PDPC Securities Authorization form.

Please mail or scan and email this form to:

Office of the State Treasurer

**OK’d by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pending: 1st sent date \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(For OST ISD use only)***

Public Deposit Protection Commission

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