

Please provide the following information to the Trust Manager, FACC Services Group, 3544 Maclay Boulevard, Tallahassee, Florida 32312, (850) 577-4610 phone, (850) 205-8262 (FAX). This application is in addition to the legal requirements for enrollment in the Trust (passage of an authorizing resolution and execution of the Trust Agreement).

Account Application Date: _____

I. General Information

1. Name of Local Government: _____
2. Mailing Address: _____
3. Main Telephone Number: _____
4. Main FAX Number: _____
5. Contact Person and Title:

Telephone Number / E-mail Address: _____

Additional Contact Person and Title: _____

Telephone Number / E-mail Address: _____

Additional Contact Person and Title: _____

Telephone Number / E-mail Address: _____

6. Account Name: _____
7. Tax Identification Number: _____

II. Authorized Representatives

1. Name of Primary Authorized Representative: _____
2. **Signature of Authorized Representative:** _____
3. **Title of Authorized Representative:** _____

4. Additional Authorized Representatives:

Name	Title	Signature
Name	Title	Signature
Name	Title	Signature

III. Local Depository Information

1. Bank Name: _____
2. Bank Address: _____
3. Bank Contact: _____
4. Bank ABA Number (9 digits): _____
5. Bank Account Number: _____
6. Bank Account Name: _____