

New York Public Entity

Bank Amendment Form

Date Effective: _____

Name of Public Entity: _____

Participant Account #: _____

Please Add / Delete the following bank information for the named entity:
(Please select one)

Bank Name: _____ ABA Number: _____

Bank Account Number(s)	Special Wire Instruction(s) If Necessary
_____	_____
_____	_____
_____	_____

Bank Contact: _____ Telephone Number: _____

Authorized wire and bank accounts authorized by:

Signature Title Date

NOTE: All completed forms should be mailed to: Cutwater Asset Management, 113 King Street, Armonk, NY 10504, Attention: Client Services or fax to (800) 765-7600.