

ACCOUNT INFORMATION FOR
U.S. TREASURY SECURITIES
STATE AND LOCAL GOVERNMENT SERIES
TIME DEPOSIT



BUREAU OF THE
Fiscal Service
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See Instructions on Back

The United States Treasury Securities – State and Local Government Series subscribed for on FS Form 4144 to which this form is attached and incorporated, are requested to be issued and held in book-entry accounts on the books of the Department of the Treasury.

INFORMATION FOR INTEREST AND PRINCIPAL PAYMENTS:

Direct Deposit (ACH) Payment Instructions

ABA Routing Number: _____ (Limit 9 characters)

Account Name: _____ (Limit 22 characters)

Account Number: _____ (Limit 17 characters)

Account Type: (check one) Checking Savings

Financial Institution Managing (ACH) Payments

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Person: _____

Telephone: _____ Fax: _____

FINANCIAL INSTITUTION TRANSMITTING FUNDS FOR PURCHASE:

ABA Routing Number: _____

Name: _____

Contact Person: _____

Telephone: _____ Fax: _____

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Instructions

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

Direct Deposit (ACH) Payment Instructions: The account name, account number, account type, and ABA routing number identifying the Issuer's account designated to receive interest and principal payments via the Automated Clearing House (ACH) method.

Financial Institution Managing (ACH) Payments: The name and address of the financial institution designated by the Issuer or the trustee bank to be contacted by Fiscal Service regarding interest and principal payments for the securities.

Financial Institution Transmitting Funds for Purchase: The Financial Institution designated by the Issuer or the trustee bank to transmit funds via the Fedwire system to purchase securities on the issue date. Payment should be received by 3:00 p.m., Eastern time, on the issue date. The following information must be entered on the Fedwire system to transfer funds to the Bureau of the Fiscal Service.

- Your bank's ABA routing number for the "**SENDER ABA**".
- Your organization name for the "**SENDER NAME**".
- ABA routing number **051036476** for the "**RECEIVER ABA**".
- **TREAS BFS SIB** for the "**RECEIVER NAME**".
- 1000 for the "**TYPE CODE**".
- Amount of payment for the "**AMOUNT**" field.
- **BTR** for the "**BUS FUNCTION CODE**".
- Name of Financial Institution Acting as Trustee/Escrow Agent for the "**ORIGINATOR NAME**" field.
- Name of the Issuer for the "**BENEFICIARY NAME**" field.
- Issue Date of subscription package in MMDDYY format for the "**ORIG TO BENEF INFO**" field.
- Taxpayer Identification Number (the TIN of the Issuer, **NOT** the Financial Institution) in the "**FI to FI INFO**" field.

NOTICE UNDER 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 correct address shown in the instructions.