



DEPARTMENT OF FINANCIAL SERVICES
Division of Treasury – Bureau of Collateral Management

Department of Financial Services
Division of Treasury
Bureau of Collateral Management
200 East Gaines Street
Tallahassee FL 32399-0345

PROOF OF AUTHORITY

Instructions: Complete and submit this form to PublicDeposits@myfloridacfo.com. Parts I, II, and IV must be completed. Part III must only be completed if the organization elects to use cash as collateral and the Chief Financial Officer serves as the custodian. If the official custodian of records is designated by this as an authorized officer or agent for specified forms, then a second officer or director of the QPD shall also sign.

PART I ORGANIZATION INFORMATION

Organization Type: ☐ Qualified Public Depository ☐ Operating Subsidiary
Full Legal Name of Organization:
Federal Tax ID Number of Organization:
Main Address:

PART II AUTHORIZED OFFICERS OR AGENTS FOR SPECIFIED FORMS

Any officer or agent listed below is authorized to attest to any form specified in Rule 69C-2.032(1), Florida Administrative Code (F.A.C.).

Title:
Title:
Title:
Title:

PART III AUTHORIZED OFFICERS OR AGENTS FOR CASH HELD

The officers or agents below are duly empowered to issue instructions to the Chief Financial Officer concerning all cash held with the Chief Financial Officer on behalf of the above organization. This includes any Electronic Funds Transfer ('EFT') instructions issued to the Chief Financial Officer.

Authorized Signature: _____
Printed Name: _____
Title: _____
Phone Number: _____

Authorized Signature: _____
Printed Name: _____
Title: _____
Phone Number: _____

Authorized Signature: _____
Printed Name: _____
Title: _____
Phone Number: _____

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Title: _____
Phone Number: _____

Authorized Signature: _____
Printed Name: _____
Title: _____
Phone Number: _____

PART IV CERTIFICATION

By signing below, I certify that I am the official custodian of records for the above named QPD and that I have read this Form in its entirety and can attest to the accuracy and truth of the matters. I acknowledge, once filed, the Chief Financial Officer will accept signatures of those authorized for the stated purposes within this Form until countermanded in writing or superseded by a new certification.

Signature of Official Custodian of Records

Printed Name:

Title:

Date:

Signature and Title of Second Officer or Director

Name of Authorized Officer:

Title of Authorized Officer:

Date:

DRAFT