



Bank Amendment Form

Date Effective: _____

Name of Public Entity: _____

Participant Account #: _____

Please **Add** / **Delete** the following bank information for the named entity:
(Check one box)

<i>Bank Name</i>	<i>ABA Number</i>
<i>Bank Account Number(s)</i>	<i>Special Bank Wire Instructions If Needed</i>
_____	_____
_____	_____
_____	_____

Bank Contact _____ *Telephone Number* _____ *Extension* _____

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, New York 10504, Attention: Client Services or fax to (800) 765-7600.