

STATE OF ALABAMA  
OFFICE OF STATE TREASURER

Interest Deposits Management System (“IDMS”) Portal

**AUTHORIZED REPRESENTATIVE(S)**

Name of Depository \_\_\_\_\_

The undersigned senior officer hereby certifies that the person(s) named below are duly empowered and authorized to represent and act on behalf of this Depository in any and all matters in the IDMS Portal, including the request for deposits, providing account information, the issuance of instructions, and the authority to enter into agreements with the State Treasurer concerning all transactions on behalf of this Depository. Once filed, the Treasurer shall accept direction from **any one** of the following authorized representatives for these purposes until countermanded in writing or superseded by a new certification.

Please check each of the following that applies to this form:

New certification form that supersedes prior certification in full.

Additional representatives, noted below, added to the current certification form.

Delete the following representatives, and add representatives as noted below:

Name \_\_\_\_\_

Name \_\_\_\_\_

Authorized Representatives:

Name	Title	Email	Phone

Authorized by Bank Executive:

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Bank Executive Signature Notarized:

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me this the

\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

**There should be at least two representatives with access to the IDMS Portal. Portal users will receive an email with initial login id. Email the completed form to [deposits@treasury.alabama.gov](mailto:deposits@treasury.alabama.gov).**