APPLICATION AND AGREEMENT TO PARTICIPATE IN THE STATE OF NEW JERSEY CASH MANAGEMENT FUND

To Treasurer, STATE OF NEW JERSEY_____

			(date)
The County, Municipality ("Participant"), hereby ag New Jersey Cash Manage 17:16-61.1 and warrants a	rees to participat ement Fund, (the	te in the State of	
1	Telephone No: ()		
(Name of	Account)		
			New Jersey
(Address)	(City)	(County)	(Zip)
U	•	and is legally autho	rized by its governing body to
become a Participant in th	ie Fund.		
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2. The person(s) whose signature(s) appear(s) below are authorized to purchase and sell units in the Fund for the account of the Participant, and written notification will be made promptly of any changes.

3. Any sale or distribution from the Fund by wire or otherwise shall be paid by the Fund to:

(Name of Depository Bank) For credit to the account of:	(ABA Number of Depository Bank)
(Name of Bank Account at Depository Bank)	(Account Number at Depository Bank)

4. The Participant accepts the terms and conditions of the administration of the Fund as outlined in the regulations promulgated by the State Treasurer pursuant to P. L. 1977, c. 281 as amended.

5. A copy of the resolution designating the State of New Jersey Cash Management Fund as a legal depository, designating the authorized signor(s) and the authorized local bank name is attached.

(Participant Name of County, Municipality, School District or Authority)

by_____

(Authorized Officer(s) Signature and E-mail address)