## CERTIFICATE OF BANK OR SAVINGS AND LOAN ASSOCIATION

		ACH TRANSFERS ONLY
Bank or Savings & Loan Filing Certificate		Banking or Savings & Loan to receive ACH Debit (must be a MPX member; may designate a correspondent bank)
City	State	9-digit ABA # of institution named above
Total Amount Due (inclu	ding commission fee)	Account # to receive debit at institution named above

Issuer (Account Holder) Does Hereby Certify:

That as of the date of this certificate, there are on deposit in the above named bank or savings and loan association, and held by it in trust and good faith for the Treasurer of the State of Kansas as fiscal agent, funds in the form of cash or securities of the United States Government;

That the above described funds are sufficient to accomplish redemption of the bonds and/or interest thereon issued by \_\_\_\_\_\_ in \_\_\_\_\_

County, Kansas, and described as follows:

That I authorize the "Total Amount Due" above to be available for (circle one): ACH WIRE CHECK to reach the office of the State fiscal agent on or before 12 o'clock noon \_\_\_\_\_\_ (ACH or WIRE must be received at least one working day before principal and/or interest is due and CHECKS must be received at least three working days before principal and/or interest is due);

That I am an official of the above named Issuer of the above described bonds and am authorized to sign on behalf of the Issuer;

That this certificate is made pursuant to, and in compliance with, K.S.A. 10-130 as amended.

Authorized Signature	Date	Notary Signature	
Printed Name & Title		Notary seal &expiration date:	

## THIS SECTION TO BE COMPLETED BY BANK OR SAVINGS & LOAN ASSOCIATION

Bank or Savings and Loan Association Does Hereby Certify:

That the above named institution is a bank or savings and loan association duly organized under the laws of the United States of America or the State of Kansas;

That I am a duly elected, qualified and acting officer of the above named institution and authorized to execute this certificate for and on behalf of the named institution;

That I have verified the above account numbers to be the correct account numbers of the bank or savings and loan association and the account holder named above;

That I will honor the above requested financial transaction.

Signature

Title

Printed Name