



Virginia Investment Pool
A Service of VML/VACo Finance

DUAL AUTHORIZATION FORM

Effective Date: _____

Participant # VA-01-_____

Entity Name: _____

Please utilize this form to request/remove dual authorization capabilities on your VIP account. Dual authorization ensures that any transaction entered via the VIP online transaction portal requires approval from a second Authorized Signer in order to be processed (internal transfers between subaccounts do not require dual authorization). **Note:** All Authorized Signers listed on the account can enter transactions and approve them (not just the users below).

Request to Add Dual Authorization

Dual authorization is hereby approved for _____ by the Authorized Signer below. By approving dual authorization, the Authorized Signer acknowledges that transactions not approved by the 2:00 p.m. ET cutoff will not be processed. Please ensure transactions are entered in a timely manner and that other authorized signers are available to approve the transactions for processing.

Authorized Signer's Signature

Date

Printed Name

Title

Request to Remove Dual Authorization

_____ requests the removal of dual authorization by the Authorized Signers below.

Entity Name

Authorized Signer's Signature

Date

Printed Name

Title

Authorized Signer's Signature

Date

Printed Name

Title

Note: All completed forms should be emailed or faxed to the Client Service team via the contact information listed below.