



# SOUTH CAROLINA OFFICE OF STATE TREASURER UNCLAIMED PROPERTY PROGRAM Remittance Information Form

HOLDER NAME \_\_\_\_\_

HOLDER FEIN \_\_\_\_\_

HOLDER CONTACT NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Remittance amount \$ \_\_\_\_\_

Remittance method:

ACH Payment  
Date \_\_\_\_\_ Confirmation Number \_\_\_\_\_

Bank Wire  
Date \_\_\_\_\_ Confirmation Number \_\_\_\_\_

Company Check (Include a copy of this form with the check )  
Date \_\_\_\_\_ Check Number \_\_\_\_\_

Provide date and time report was emailed to [UPreports@sto.sc.gov](mailto:UPreports@sto.sc.gov) \_\_\_\_\_