

**SOUTH CAROLINA LOCAL GOVERNMENT INVESTMENT POOL
FUNDS DEPOSIT/WITHDRAWAL REQUEST FORM**

LOCAL GOVERNMENT UNIT: _____

TRANSACTION DATE: _____

FUNDS DEPOSITED INTO LGIP:

_____ CHECK _____ WIRE/ACH _____ INTERNAL TRANSFER

DEPOSIT AMOUNT: _____

LGIP ACCOUNT #: _____

FROM (BANK NAME): _____

BANK ACCOUNT #: _____

FUNDS WITHDRAWN FROM LGIP:

_____ WIRE/ACH _____ INTERNAL TRANSFER

WITHDRAWAL AMOUNT: _____

LGIP ACCOUNT #: _____

BANK NAME: _____

ROUTING ABA#: _____

BANK ACCOUNT #: _____

Special Instructions: _____

AUTHORIZED BY:

Signature

Title

(Please Print Name)

Date

*Please Return To: SC State Treasurer's Office
Email: sto.lgip@sto.sc.gov FAX: 803-734-2234
Contact: LGIP Administrator (803-734-2661)*