

SOUTH CAROLINA INVESTMENT POOL-IPAS CONSENT FORM

LOCAL GOVERNMENT UNIT: _____

Phone Number: _____

NEW AND CURRENT USERS:

Please enter in the column labeled N/C "N" for *new user* or "C" for *changing user info* then list the name of the employee(s), their email(s), and their access right(s) for your online LGIP accounts. We will notify all new users by email of their User ID and temporary password.

N/C	AUTHORIZED PERSON	EMAIL ADDRESS	DEPOSIT	WITHDRAW	INTERNAL TRANSFER	VIEW ONLY

DELETE USERS:

Please list any users you would like to deactivate from your online accounts

NEW BANK INFORMATION:

Provide us with the bank account name and numbers for the banks that we would be processing transactions on your behalf.

Bank Name	Bank's ABA Number	Account Number	<i>Internal Use Only</i>

Please list any special instructions below:

Requires TWO signatures to make changes to LGIP accounts.

AUTHORIZED SIGNATURE: _____

Print Name: _____

Date: _____

AUTHORIZED SIGNATURE: _____

Print Name: _____

Date: _____

Thank you for participating in the SC Local Government Investment Pool!

Revised IPAS form 7/18