SOUTH CAROLINA LOCAL GOVERNMENT INVESTMENT POOL

Special Transaction Form
Check Deposits, Special Custodial Withdrawals and Closing Accounts

LOCAL GOVERNMENT UNIT: ________________________________

TRANSACTION DATE: ________________________________

FUNDS DEPOSITED INTO LGIP:

_______ CHECK  ______ INTERNAL TRANSFER

DEPOSIT AMOUNT: ________________________________

LGIP ACCOUNT #: ________________________________

FROM (BANK NAME): ________________________________

FUNDS WITHDRAWN FROM LGIP:

_______ WIRE/ACH  ______ INTERNAL TRANSFER

WITHDRAWAL AMOUNT: ________________________________

LGIP ACCOUNT #: ________________________________

BANK NAME: ________________________________

ROUTING ABA#: ________________________________

BANK ACCOUNT #: ________________________________

SPECIAL INSTRUCTIONS: ________________________________

CLOSE ACCOUNT: _______ YES  _______ NO

*Requires TWO signatures*

Authorized Signature: ____________________________ Print Name: ____________________________ Date: ____________________________

Authorized Signature: ____________________________ Print Name: ____________________________ Date: ____________________________

Please Return To: SC State Treasurer’s Office
Email: sto.lgip@sto.sc.gov
Contact: Melona Lacomba
803.734.4490

Revised 2/2021