

SOUTH CAROLINA LOCAL GOVERNMENT INVESTMENT POOL BANK ACCOUNT FORM

LOCAL GOVERNMENT UNIT: _____

LGIP ACCOUNT NUMBER(S): _____

PHONE NUMBER: _____

Bank accounts to which withdrawals from the LGIP Pool may be sent:

PLEASE PROVIDE BOTH WIRE AND ACH INFORMATION

WIRE:

New /Delete	Bank Name	Routing Number (ABA)	Wire Account Number	Account Name at Bank	Checking/Savings	Internal Use Only

ACH:

New /Delete	Bank Name	Routing Number (ABA)	ACH Account Number	Account Name at Bank	Checking/Savings	Internal Use Only

Requires TWO signatures

Authorized Signature: _____ Print Name: _____ Date: _____

Authorized Signature: _____ Print Name: _____ Date: _____

Please Return by Secure Email To:
 SC State Treasurer's Office
 Email: sto.lgip@sto.sc.gov
 Contact: Michelle Blanchfield 803.734.0259