



SOUTH DAKOTA PUBLIC FUNDS INVESTMENT TRUST
Vendor Pay Vendor Setup Form

I. Participant Information

Name of Public Agency: _____

Contact Person and Title: _____

Address: _____

Email Address: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

II. Vendor Information

Authorization is hereby given to Miles Capital, as SD FIT Administrator, to electronically send payment(s) to the following Vendor.

Vendor Name: _____

Participant Account/Identification Number with Vendor: _____

Vendor Address: _____

Vendor Contact #1: _____

Vendor Contact #2: _____

Vendor Phone #1:(_____) _____ Vendor Phone #2:(_____) _____

Vendor Email Address: _____

Vendor Email Address CC: _____

Vendor Depository Name: _____

Vendor Depository Address: _____

Vendor Depository Account Number _____ Checking Savings

Depository's ABA Routing Number _____

III. Public Agency Authorization

Two signatures are required.

Signature of Authorized Official: _____

Signature of Authorized Official: _____

Vendor Pay becomes effective upon verification of approval of both Participant and Vendor

Mail this completed form to:
South Dakota FIT
Attn: Fund Services
1415 28th Street, Suite 200
West Des Moines, IA 50266-1461

If you have questions, call an SD FIT
Administrator at 866-314-0060.