



**South Dakota Public Funds Investment Trust  
Change of Bank Account Information**

I hereby certify that I am authorized by the Corporation, Partnership, Entity or Trust listed below, and am empowered to change bank account information for the SD FIT Account(s) as stated.

\_\_\_\_\_  
**Name of Public Agency** **Phone**

SD FIT Account Name(s) \_\_\_\_\_

Name and Address of Local Depository for Funds Transfer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Depository Account Number \_\_\_\_\_

Checking  Savings   
(For your protection, each SD FIT Account may access only one depository account.)

Local Depository ABA Routing Number: \_\_\_\_\_  
(This can be obtained from the bottom of a blank check or by calling your depository.)

**I authorize SD FIT to change bank account information as stated above.**

By: \_\_\_\_\_  
Authorized Signature

By: \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Mail this completed form to:**  
**South Dakota Public Funds Investment Trust**  
**208 Island Drive**  
**Ft. Pierre, SD 57532**

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