



**SOUTH DAKOTA PUBLIC FUNDS INVESTMENT TRUST**  
Vendor Pay Vendor Setup Form

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**I. Participant Information**

Name of Public Agency: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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**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 \_\_\_\_\_

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**III. Public Agency Authorization**

Two signatures are required.

Signature of Authorized Official: \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_

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**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 28<sup>th</sup> Street, Suite 200**  
**West Des Moines, IA 50266-1461**

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