

South Carolina Department of Corrections
Division of Finance
COOPER TRUST FUND WITHDRAWAL

Financial Accounting
Branch Use Only:

Facility: PERRY

0191
Location Code

Date: 073025
M M D D Y Y

ACCOUNT INFORMATION

Account Number: 338068
Inmate # or Employee SS#

Account Name: ROYAL
First

D WILLIAMS III
MI Last

I request money be taken from my account to issue a check for this amount to be mailed to payee shown below.

\$, 250.00



Inmate Thumb & Index fingerprints required.

AUG 13 2025

SC Court of Appeals

Royal D. Williams III
Inmate/Accountholder Signature

Conwell

Signature of Institution Staff Inmate ID Verification

Signature of Warden / Printed Name of Warden

PAYEE INFORMATION

Payee Namer: select vendor OR individual

Vendor/Business: SC COURT OF APPEALS

Individual: []
First MI Last

PAYEE'S MAILING ADDRESS

Street/Box: 430 OAKLAWN RD

Street/box (optional line): []

Peizer
City

SC
State

29669
Zip Code

VENDOR ATTACHMENT: Y/N N

If an ORDER or REMITTANCE form is attached for mailing with a check to vendor enter Y=yes; if none, enter N.

NO other types of attachments (letters, cards, etc.) will be accepted.