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

Financial Accounting Branch Use Only:

Facility: TYRCI | Location Code: 0161 | Date: 09/16/21 (M M D D Y Y)

ACCOUNT INFORMATION

Account Number: 259726 (Inmate # or Employee SS#)

Account Name: GAVIN V Jones (First / 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/Accountholder Signature

Signature of Institution Staff Inmate ID Verification

Inmate Thumb & Index fingerprints required.

Signature of Warden / Printed Name of Warden

PAYEE INFORMATION

Payee Namer: select vendor OR individual

Vendor/Business: SC SUPREME COURT

Individual (First / MI / Last)

PAYEE'S MAILING ADDRESS

Street/Box: PO BOX 11330

Street/box (optional line)

City: COLUMBIA | State: SC | Zip Code: 29211

VENDOR ATTACHMENT: Y/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.