

DISBURSEMENT REQUEST

Request No. \_\_\_\_\_

Dated: \_\_\_\_\_

Amount: \$\_\_\_\_\_

Fax: (404) 581-3770

E-Mail: kurt.marson@regions.com

To: Regions Bank  
Attn: Kurt Marson, SVP, CCTS  
1180 West Peachtree Street, Suite 1200  
Atlanta, Georgia 30309

From: \_\_\_\_\_

RE: Trust Agreement dated as of August 1, 2018, between the South Carolina Association of Governmental Organizations and Regions Bank

Ladies and Gentlemen:

The above-identified School District has issued its Note, the proceeds of which are on deposit with you in the Disbursement Account in the name of the above-identified School District under the terms of the above-referenced Trust Agreement. From amounts on deposit in said Disbursement Account, the below Authorized Officer, hereby requests a disbursement of the above amount, as follows:

By wire transfer to: Bank: \_\_\_\_\_  
Name of Account : \_\_\_\_\_  
Account Number: \_\_\_\_\_  
ABA#: \_\_\_\_\_

The above disbursement will be used for the purposes to which the Disbursement Account relates as set forth in the Trust Agreement and not for purposes of re-investment.

NOTWITHSTANDING ANY OTHER PROVISION OF THE RESOLUTION OR NOTE, THIS DISBURSEMENT MUST BE REDEPOSITED WITH THE TRUSTEE TO THE CREDIT OF THE APPLICABLE SINKING FUND, TOGETHER WITH INTEREST THEREON, NO LATER THAN THE DISCHARGE DATE.

Respectfully submitted, terms accepted,

\_\_\_\_\_

By: \_\_\_\_\_  
Title: \_\_\_\_\_

OR

\_\_\_\_\_  
County Treasurer