



Direct Deposit

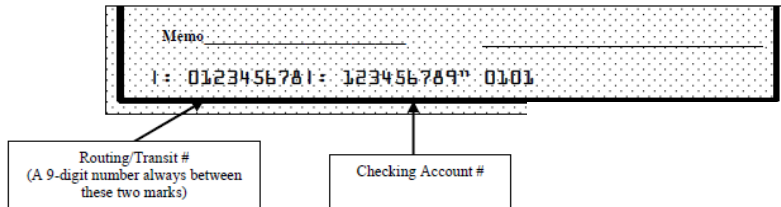
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

LAST NAME		FIRST NAME		MI	
EMPLOYEE ID#		DEPARTMENT			

I hereby authorize South Carolina State University to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my checking or savings account indicated below and the bank named below to credit and/or debit the same to such account. This authority is to remain in full force until South Carolina State University has received written notification from me of its termination in such time and in such manner as to afford South Carolina State University and the bank named below a reasonable opportunity to act on it.

Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Account Information

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____.____ or Entire Net Amount

2. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____.____ or Entire Net Amount

NOTIFICATION OF CANCELLATION OF DIRECT DEPOSIT

LAST NAME		FIRST NAME		MI	
EMPLOYEE ID #		DEPARTMENT			

BANK NAME					
BANK BRANCH	ADDRESS				
	CITY/STATE/ZIP				

TRANSIT/ABA NUMBER						
ACCOUNT NUMBER					<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS

DATE ACCOUNT WILL BE CLOSED:
(I understand that notification of cancellation is required at least five business days in advance of payroll date.)

SIGNATURE		DATE	
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