



# SOUTH CAROLINA STATE UNIVERSITY

## Direct Deposit Form

### 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.

BANK NAME					
BANK BRANCH	ADDRESS				
	CITY/STATE/ZIP				
TRANSIT/ABA NUMBER					
ACCOUNT NUMBER					<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
SIGNATURE				DATE	



### 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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