

College of Charleston Faculty and Staff Authorization Agreement for Direct Deposit of Payroll or CashPay® Payroll Card

This form is not for student workers. Student workers should contact Career Services for the correct direct deposit form.

*** Special Instructions for Direct Deposit: Please attach a voided check to this form. ***

Employee Information (Please Print)			
Employee Name: _____			
CofC ID No.: _____			
Method of Payment (Select One)			
<input type="checkbox"/> CashPay® Payroll Card - (If this box is checked, you will receive a VISA branded CashPay® Payroll Card. Do not enter any bank account information in the space below. Only your signature is required.)			
<input type="checkbox"/> Direct Deposit - (If this box is checked, please enter your bank account information in the space provided below and sign the certification statement.)			
Primary Account (This is where your entire paycheck or the balance is deposited after the fixed \$ amount is deducted from the second and/or third accounts listed below.)			
Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____	NET PAY
Secondary Account (Optional)			
Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____	Fixed Dollar Amount \$ _____
Third Account (Optional)			
Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____	Fixed Dollar Amount \$ _____
<p>I authorize the College of Charleston to direct deposit funds to my account(s) in the financial institution(s) listed above or to the CashPay® payroll card as indicated. If funds to which I am not entitled are deposited in my account, I authorize the College of Charleston to initiate a correcting (debit) entry. If any of the above information changes, I will promptly complete a new authorization agreement.</p>			
Employee Signature: _____			Date: _____