

# College of Charleston Faculty and Staff Authorization Agreement for Direct Deposit of Payroll

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. \*\*\*

<b>Employee Information (Please Print)</b>			
Employee Name: _____			
CofC ID No.: _____			
<b>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.)</b>			
<b>Select One:</b> <input type="checkbox"/> New <input type="checkbox"/> Change	<b>Account Type (Select one):</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>ABA Transit Routing Number:</b> <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"/> <b>Account Number:</b> _____ <b>Name of Financial Institution:</b> _____	<b>NET PAY</b>
<b>Secondary Account (Optional)</b>			
<b>Select One:</b> <input type="checkbox"/> New <input type="checkbox"/> Change	<b>Account Type (Select one):</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>ABA Transit Routing Number:</b> <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"/> <b>Account Number:</b> _____ <b>Name of Financial Institution:</b> _____	<b>Fixed Dollar Amount</b> \$ _____
<b>Third Account (Optional)</b>			
<b>Select One:</b> <input type="checkbox"/> New <input type="checkbox"/> Change	<b>Account Type (Select one):</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>ABA Transit Routing Number:</b> <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"/> <b>Account Number:</b> _____ <b>Name of Financial Institution:</b> _____	<b>Fixed Dollar Amount</b> \$ _____
<p>I authorize the College of Charleston to direct deposit funds to my account(s) in the financial institution(s) listed above. 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: _____