

College of Charleston Faculty and Staff Authorization Agreement for Direct Deposit

This form is **not for Student Workers** – Student Workers should contact Career Services for the correct form.

Employee Name:	CofC ID# (CWID#):	
<p style="text-align: center; margin: 0;">**** PLEASE ATTACH A VOID CHECK ****</p> <p>Special Instructions:</p> <ul style="list-style-type: none"> If using only ONE direct deposit, complete ACCOUNT 1. If using TWO or THREE direct deposits, complete ACCOUNT 1 and list your fixed dollar amounts on ACCOUNT 2 and ACCOUNT 3. The remaining balance of your net pay will be deposited into ACCOUNT 1. 		
ACCOUNT 1 Primary Account	Is this regarding: CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>	
	NEW <input type="checkbox"/> CHANGE: Account # <input type="checkbox"/> Bank <input type="checkbox"/> CANCEL <input type="checkbox"/>	
	Name of Financial Institution:	
	Bank Routing #: <small>Contact your Financial Institution for this number</small>	
	Bank Account #:	
ACCOUNT 2 Secondary Account	Is this regarding: CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> Total Dollar Amount \$ _____	
	NEW <input type="checkbox"/> CHANGE: Account # <input type="checkbox"/> Bank <input type="checkbox"/> Amount <input type="checkbox"/> CANCEL <input type="checkbox"/>	
	Name of Financial Institution:	
	Bank Routing #: <small>Contact your Financial Institution for this number</small>	
	Bank Account #:	
ACCOUNT 3 Secondary Account	Is this regarding: CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> Total Dollar Amount \$ _____	
	NEW <input type="checkbox"/> CHANGE: Account # <input type="checkbox"/> Bank <input type="checkbox"/> Amount <input type="checkbox"/> CANCEL <input type="checkbox"/>	
	Name of Financial Institution:	
	Bank Routing #: <small>Contact your Financial Institution for this number</small>	
	Bank Account #:	
This authorization is to remain in full force and effect until the College has received written notification from me of its termination in such time and in such manner as to afford the College a reasonable opportunity to act on it.		
Signature	Date	