

# Direct Deposit Authorization

Name: \_\_\_\_\_ Last four digits of Social Security Number: XXX-XX-  
Last Name First Name Middle Initial

Agency Name: \_\_\_\_\_

I understand and acknowledge that my banking information and approval contained in this Direct Deposit Authorization is now my official authorization of record and replaces all previous authorizations.

I hereby authorize the State of South Carolina (hereinafter "the State") to initiate credit entries to my checking or savings account indicated on this service and the financial institution I designate (hereafter "the depository") to credit the same to such account(s) by electronic means.

I understand that all payments and reimbursements made to me by the State, including payroll and expense reimbursements, may be made to these accounts in this manner.

In the event of overpayment to my account, I authorize the State to make an adjusting debit entry to my account up to the amount of overpayment.

This authority is to remain in full force and effect until the State has received written notification from me of its termination in such time and in such manner to afford the State reasonable opportunity to act on it.

I acknowledge that direct deposits to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control. I affirm that the entire payment amount is not subject to being transferred to a foreign bank account.

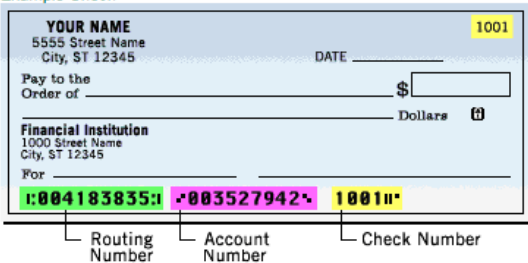
Primary Financial Institution: \_\_\_\_\_

Bank Key / Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type:  Checking  Savings

Amount: (check one):  \$ \_\_\_\_\_  \_\_\_\_\_% OR  Entire Paycheck

Example Check



Secondary Financial Institution\*: \_\_\_\_\_

**\*The remaining balance will be directly deposited into this account.**

Bank Key / Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type:  Checking  Savings

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Restricted Use Only