

STATE OF SOUTH CAROLINA

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS

NEW ☐

DELETE ☐

ADD (Only For Adding 2nd Account) ☐

Agency # _____

And _____

Name _____

EMPLOYEE

NAME:

Last _____

First _____

Middle _____

EMPLOYEE

**SOCIAL SECURITY
NUMBER:**

--	--	--	--	--	--	--	--	--	--

(nine digits)

I authorize the State of South Carolina (hereinafter "the State") to initiate credit entries to my checking (Transit Code 22) ☐ and/or savings (Transit Code 32) ☐ account(s) indicated below and the financial institution identified below (hereinafter "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 the overpayment.

ANY TWO ACCOUNTS

(When two accounts, put definite amount for one account and write "Remaining Balance" for other account.

TRANSIT CODE

--	--

FINANCIAL INSTITUTION NAME _____

CITY AND STATE _____

Bank

ABA Number

--	--	--	--	--	--	--	--	--	--

(Up to nine positions)

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Up to seventeen positions)

Amount of Deposit _____

TRANSIT CODE

--	--

FINANCIAL INSTITUTION NAME _____

CITY AND STATE _____

Bank

ABA Number

--	--	--	--	--	--	--	--	--	--

(Up to nine positions)

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Up to seventeen positions)

Amount of Deposit _____

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

Date: _____

Signed: _____

Home Address: _____
