

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS

Social Security Number		
Last Name	First Name	Middle Initial
 Department	DO NOT EMAIL THIS FORM Personal information should not be sent through email	
below, with the financial overpayment to my accoun	University of South Carolina to initiate credit entrie institution below, to credit the same to such a t, I authorize the University to initiate an adjusting dayment, upon proper notice to me of the adjustment.	ccount. In the event of ebit entry to my account up
Financial Institution		
Depository Transit Number		
Account Number		
Checking Account	Savings Account	
reasonable time to act on it	to go into effect at such time as to allow the Univ I. It is to remain in full force and effect until the Univermination in such time and in such manner as to a portunity to act on it.	versity has received written
	GNING THIS AGREEMENT I AM CERTIFYIN ATTACHED REGULATIONS RELATIVE TO	
Employee Signature		Date

PLEASE ATTACH VOIDED CHECK HERE

Authorization will not be processed unless it is accompanied by a voided check.

IMPORTANT – READ THIS BEFORE SIGNING THE AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS FORM

- The payroll deposit authorized by the employee's signature on this form is accomplished by a process known as electronic funds transfer. It is covered by a number of Federal regulations designed to safeguard the integrity of the employee's account.
- 2. The funds deposited should be available to the employee for withdrawal by all regular means on the morning of the scheduled University payday.
- 3. The electronic funds transfer system requires an additional step known as pre-notification. Simply stated, this is a procedure whereby account numbers or types of accounts must be verified by the receiving financial institution before we will transmit direct deposit data to them. Therefore, new authorizations should be in the Payroll Department at least four weeks prior to the payroll the authorization is to take effect. If the authorization cannot be processed, Payroll will notify the employee, who will continue to receive a payroll check until the authorization can be processed.
- 4. The pre-notification process also dictates that if a change in financial institution or account number is made, the employee must be off direct deposit for a minimum of one pay period before the change will take effect. For the payday(s) the employee will receive a payroll check(s).
- 5. The University of South Carolina assumes no responsibility to issue a payroll check to any employee whose direct deposit could not be processed due to his/her account being closed, or any other reason, until the receiving financial institution has either refunded or guaranteed refund of such deposit to the University.
- 6. The second copy of the direct deposit form that is printed will serve as the employee's copy of the authorization form.
- 7. Cancellation of this authorization must be accomplished by written notification to the Payroll Department in sufficient time to allow the University and financial institution reasonable time to act on it.
- 8. Bank information on employees who have terminated employment for a period of one year will be deleted from the database. Upon re-employment these individuals must re-enroll if the direct deposit option is desired. This information deletion process does not apply to employees on sabbatical or approved leave without pay.



SHADED AREA FOR PAYROLL USE ONLY
PRENOTED
DEPOSITED

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS

Social Security Number		
Last Name	First Name	Middle Initial
 Department	DO NOT EMAIL THIS FORM Personal information should not be sent through em	nail
below, with the financia overpayment to my accou	e University of South Carolina to initiate credit en al institution below, to credit the same to such unt, I authorize the University to initiate an adjusting payment, upon proper notice to me of the adjustment	n account. In the event of g debit entry to my account up
Financial Institution		
Depository Transit Numb		
Account Number		
Checking Accour	Savings Account	
reasonable time to act or	to go into effect at such time as to allow the Lit. It is to remain in full force and effect until the Litermination in such time and in such manner as to portunity to act on it.	Iniversity has received written
	SIGNING THIS AGREEMENT I AM CERTIFY ATTACHED REGULATIONS RELATIVE	
Employee Signature		Date

PLEASE ATTACH VOIDED CHECK HERE

Authorization will not be processed unless it is accompanied by a voided check.