



UNIVERSITY OF SOUTH CAROLINA

ACH Authorization Agreement and Enrollment for Direct Deposit and Remittance Advice

Mail To:

**University of South Carolina
Controller's Office
Attn: Supplier Setup
1600 Hampton St, 6th Floor
Columbia, SC 29208**

Please complete this form and attach a voided check (if applicable) to validate the account information. Mail this form to address to the left or fax to (803) 777-9586. If you have any questions or need assistance with this form, please call the University of South Carolina's Controller's Office at (803) 777-2602.

DO NOT EMAIL THIS FORM

Banking information should not be sent through email.

Supplier / Payee Federal Tax Identification Number			
Supplier / Payee Name (as shown on the Bank Account)			
Supplier / Payee Address		ACH Contact Name (supplier contact person for banking information)	
		ACH Contact Telephone Number (Include Area Code)	
Supplier / Payee City	State	Zip Code	ACH Contact Email (for Remittance Advice)
Financial Institution Name			
Financial Institution Address		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		ABA Routing / Transit Number	
Financial Institution City	State	Zip Code	Depositor Account Number
Additional Remittance Email Address		Additional Remittance Email Address	

By signing this form, I authorize the University of South to initiate electronic credit entries to a checking or a savings account indicated above at the financial institution identified above. I understand that payments and reimbursements **may** be made by the University of South Carolina, to me or the supplier I represent and **only to the one bank account indicated**. In the event of overpayment to this bank account, I authorize the University of South Carolina to make an adjusting debit entry to the account up to the amount of the overpayment. I may revoke or cancel this authorization and enrollment by notifying the University of South Carolina Controller's Office in writing at least fifteen (15) days prior to termination. **Any change** to the bank account or to a new financial institution will require a **new ACH Authorization and Enrollment Form**. Failure to notify the University of South Carolina Controller's Office of an account change will delay payment.

Signature of Authorized Official	<input type="text"/>	Signature Date	<input type="text"/>
Print or Type Authorized Official's Name	<input type="text"/>	Telephone Number	<input type="text"/>