

MEDICAL UNIVERSITY OF SOUTH CAROLINA

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS/DEBITS)

A. EMPLOYEE NAME: Last:

First:

B. SOCIAL SECURITY NUMBER PAY FREQUENCY (PLEASE CIRCLE ONE) TELEPHONE NUMBER

(Required) Bi-weekly Monthly Work Home

C. Type of action: (check all that apply)

New enrollee/re-enrollee Changing account/bank ** Adding 2nd account Changing amount to 2nd account

** If you are changing accounts and/or banks, you MUST provide a statement authorizing MUSC to STOP deposit to old account(s).

CHANGES WILL NOT BE MADE WITHOUT THIS STATEMENT.

D. Please complete: (do not write account no. or bank routing no.)

CIRCLE TYPE OF ACCOUNT BANK NAME AMOUNT OF DEPOSIT

1. Checking or Savings (primary acct.) \$ BALANCE (NET)

2. Checking or Savings (secondary acct.) \$

E. ATTACH A CHECK, OR COPY OF BANK ACCOUNT CARD. Request will not be processed without one of these for each account. Handwritten account numbers, ATM cards and deposit receipts are not accepted.

F. I HEREBY AUTHORIZE MUSC TO INITIATE CREDIT ENTRIES TO MY BANK ACCOUNT(S) SHOWN ON THE ATTACHED DEPOSIT SLIP(S) AND THE BANK TO CREDIT THE SAME ACCOUNT(S). (PLEASE NOTE - DEBITS WILL BE MADE TO THE ACCOUNT IF THERE IS A PAYROLL PROBLEM.)

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL MUSC HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD MUSC A REASONABLE OPPORTUNITY TO ACT ON IT.

DATE:

SIGNED:

INSTRUCTIONS

Please complete the form according to the instructions listed below:

- Print name.
- Fill in your social security number, pay frequency (Bi-weekly or Monthly), and phone numbers (home and work).
- Attach a blank voided check or copy of your account card (not an ATM card). Deposit receipts from the bank and handwritten information on paper can not be accepted.
- Read Section F, sign and date at the bottom of form.
- The forms may be faxed to Payroll at 792-6157. Or you may return the form to the Payroll Department, Room 705, Harborview Office Towers, ATTENTION: LEE SHERRILL.
- Call the Payroll Department at 792-4931 if you have any questions concerning direct deposit.
- Allow up to 2 pay periods for direct deposit to be activated. Bi-weekly employees have a two pay period delay and monthly employees have one pay period delay. This allows for the processing and verification procedures. *Please verify the account number(s) on your stub before writing checks.*
- If you wish to change or stop a direct deposit, you **MUST** notify the Payroll Department **IN WRITING** at least two weeks before payday. If you are changing account number and/or bank, you will receive at least one, possibly two paychecks before the deposit starts to the new account/bank. Please contact Mrs. Sherrill for further instructions.
- *NOTE: FUNDS SHOULD BE AVAILABLE IN YOUR ACCOUNT ON THE ACTUAL PAYDAY AT A TIME DETERMINED BY YOUR BANK(S).*