

STATE OF SOUTH CAROLINA

ELECTRONIC DEPOSITS CHANGE AUTHORIZATION

Agency #

And

Name

EMPLOYEE NAME:

Last

First

Middle

EMPLOYEE SOCIAL SECURITY NUMBER:

Grid for social security number (9 digits)

(nine digits)

I authorize the State of South Carolina hereinafter called the State to initiate credit entries to my checking—Transit Code 22 or Savings—Transit Code 32 Account(s) indicated below and the Financial Institution named below, hereinafter called the depository, to credit the same to such account. 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. If the transit code, bank number, account number or amount is to be changed, fill in the CHANGED FROM section with the old information and the CHANGED TO section with the new information. If you have two accounts and want information changed on both, you will need to submit two forms.

CHANGED FROM:

TRANSIT CODE

Grid for transit code (3 digits)

FINANCIAL INSTITUTION NAME

CITY AND STATE

Bank

ABA Number

Grid for ABA Number (up to 9 positions)

(Up to nine positions)

Account Number:

Grid for Account Number (up to 17 positions)

(Up to seventeen positions)

Amount of Deposit

CHANGED TO:

TRANSIT CODE

Grid for transit code (3 digits)

FINANCIAL INSTITUTION NAME

CITY AND STATE

Bank

ABA Number

Grid for ABA Number (up to 9 positions)

(Up to nine positions)

Account Number:

Grid for Account Number (up to 17 positions)

(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: