

## College of Charleston Faculty and Staff Authorization Agreement for Direct Deposit of Travel and Other Accounts Payable Reimbursements

Employee Name:		CWID #:	
Email Address:		Phone #:	

**\*\*\*\*REQUIRED\*\*\*\***

Attach an original voided check or bank letter here if depositing to a **checking account**.  
Write VOID on face of the check, signature line, and on the back  
**(No deposit slips, please, for checking accounts)**

If depositing to a **savings account**, attach verification from your financial institution of the bank routing and account number(s).



Request regarding:	<b>CHECKING</b>	<b>SAVINGS</b>
<b>NEW</b>	<b>CHANGE:</b> Account #	Bank
		<b>CANCEL</b>
<b>Name of Financial Institution:</b>		
<b>Bank Routing #:</b>		
Contact your Financial Institution for this number		
<b>Bank Account #:</b>		

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

**Please review the following statements and sign below:**

To comply with banking industry rules, if you receive your payment via direct deposit at a U.S. financial institution and then have the **entire payment amount** forwarded to a financial institution in another country, please advise the Accounts Payable department.

I acknowledge that direct deposits to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control. I affirm that the **entire payment amount** is not subject to being transferred to a foreign bank account.

<b>Requestor Signature:</b>		<b>Date:</b>	
-----------------------------	--	--------------	--

Questions or comments on this form or features described above can be directed to:  
Phyllis Singleton, phone: 843.953.5794, fax: 843.953.5996, email: singletonp@cofc.edu