

**College of Charleston Faculty, Staff, and Student Workers  
 Authorization Agreement for Direct Deposit  
 of Travel and Other  
 Accounts Payable Reimbursements**

Employee Name: \_\_\_\_\_ SS ## \_\_\_\_\_

**\*\*\*Required\*\*\***

Attach an original voided check here if depositing to a *checking account*.  
 (No deposit slips, please, for checking accounts).

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

Is this regarding: **CHECKING**  **SAVINGS**

**NEW**  **CHANGE:** Account #  Bank  **CANCEL**

<b>Name of Financial Institution:</b>	
<b>Bank Routing #</b> See the above sample check or contact your financial institution.	
<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.

Signature	Date

Questions or comments on this form or features described above can be directed to:  
 Antonette Boswell, phone: 953-5790, fax: 953-5996, email: boswella@cofc.edu