State of South Carolina
Electronic Deposits Change Authorization

Agency# _____ Agency/Name _____

EMPLOYEE NAME: _____
Last First Middle

EMPLOYEE SOCIAL SECURITY NUMBER: _____
(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: _____

FINANCIAL INSTITUTION NAME: _____

CITY AND STATE: _____

Bank ABA Number: _____ (Up to nine positions)

Account Number: _____ (Up to seventeen positions)

Amount of Deposit: _____

CHANGED TO: (Submit deposit slip for new account)

TRANSIT CODE: _____

FINANCIAL INSTITUTION NAME: _____

CITY AND STATE: _____

Bank ABA Number: _____ (Up to nine positions)

Account Number: _____ (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: _____

_____