**STUDENT PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM**

** Instructions:**

**THIS FORM IS FOR STUDENT PAYROLL ONLY. ANY DIRECT DEPOSIT INFORMATION PROVIDED FOR YOUR STUDENT CHANGE CHECK IS UNRELATED.**

1. Complete **ALL** information including the account type, transit routing number and account number.
2. Attach a voided check (checking account), voided withdrawal form (savings), or official

 document from your bank with your name, routing, and account number.

1. Sign and return the form to the Accounting Office, Stokes Administration Building, Room 103 or

 mail to the address below. If a joint account, then signature of joint accountholder is also

 required. IF this form is mailed or faxed, then a copy of your driver’s license **MUST** be provided.

Francis Marion University

Accounting/Cashier’s Office

PO Box 100547

Florence, SC 29502

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOCAL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECK ONE: \_\_\_\_\_ NEW DIRECT DEPOSIT ENROLLMENT

\_\_\_\_\_ CHANGE DIRECT DEPOSIT ENROLLMENT (changing the financial institution/account #)

\_\_\_\_\_ DELETE/TERMINATE DIRECT DEPOSIT ELECTION

ACCOUNT TYPE: \_\_\_\_\_CHECKING ACCOUNT \_\_\_\_\_ SAVINGS ACCOUNT

TRANSIT ROUTING NUMBER (9 digits) \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

ACCOUNT NUMBER \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

I hereby request, until further written notice is filed with Francis Marion University, that my payroll checks be deposited into my account as designated above.

To correct any overpayments made to my account by Francis Marion University in error, I/we hereby authorize Francis Marion University to direct the bank designated herein to debit my/our account for the amount of the overpayment. It is understood that Francis Marion University will notify the student when this situation occurs.

\_\_\_\_\_ I have instructions with my domestic bank to deposit these funds in their entirety to an international bank account outside the U.S. **(Check this box only if these funds will be deposited directly or subsequently to a bank or financial agency outside the United States.)**

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 STUDENT SIGNATURE DATE JOINT ACCOUNT HOLDER’S SIGNATURE DATE

