

COLLEGE OF CHARLESTON

Authorization Agreement for Direct Deposit for Student Employees
THIS FORM IS TO BE USED BY STUDENT EMPLOYEES ONLY

Student Employee's Name: _____

Local Address: _____

Student's SSN: _____ Employing Department: _____

Please read before continuing! Important conditions of using Direct Deposit:

1. **Direct deposit will take effect within two pay cycles.** Your first paycheck, after submission of this contract, will be a regular check that is delivered to your employing department. Every paycheck thereafter will be directly deposited into your account. **Effective July 1, 2004, pay stubs will no longer be printed for students utilizing direct deposit.** You will need to check Cougar Trail under the Employee section to view your pay stub.
2. Cancellation of direct deposit must be made in writing using the **Notification of Cancellation** form available to students on the Career Services' website at www.cofc.edu/~career. Forms are also available in the Office of Career Services.
3. **Remember that it is important to check your stub to make sure you have been paid for the correct amount of hours and that your tax information is correct.** As a precaution, do not assume a check has been deposited just by checking Cougar Trail. Students are encouraged to confirm deposit by checking their accounts for accuracy.
4. Students should make a copy of this agreement before sending it to Career Services as a copy will not be mailed to you.

Direct Deposit - Checking Account - Please attach a VOIDED check.

Name of Financial Institution: _____

*Bank Routing Number
(Contact your Financial Institution for this number)

Student Employee Bank Account Number
(Contact your Financial Institution for this number.)

100% of your earnings will be deposited in this account each pay period.

If you switch accounts or banks, you must re-submit new paperwork in order for the proper account to be credited.

**Some banks make changes in their routing numbers. You must verify this number with your bank when completing this form to ensure that funds will be properly deposited.*

By signing this, I understand the conditions set forth and hereby authorize the College of Charleston to initiate credit entries or debit corrections to my checking account as indicated to the above named Financial Institution. This authorization is to remain in full force and effect until the College has received written notification from me of its termination or my assignment(s) has expired. Termination of direct deposit will take effect in such a time and manner as to afford the College a reasonable opportunity to act on it. The issuer of your check has the right to withdraw funds from your account when deposited in error.

Submit this agreement to the Coordinator of Student Employment Programs located in the Office of Career Services.

Student Employee's Signature

Date

For Office Use Only:

Date entered by Career Services: _____

Authorized by: _____

CDC: _____

PN Date: _____

DD Date: _____