

## College of Charleston Student Employee Authorization Agreement for Direct Deposit of Payroll or CashPay® Payroll Card

This form is to be used by student employees only and should be submitted to the Career Center (2nd floor of Lightsey Building).

<b>Employee Information (Please Print)</b>			
Student Employee Name: _____		Student CofC ID Number: _____	
Local Address: _____ _____		Employing Department: _____	
		Phone No: _____	
<b>Conditions of Direct Deposit (PLEASE READ BEFORE CONTINUING)</b>			
<ol style="list-style-type: none"> <li>1. <b>You MUST accompany this form with a VOIDED CHECK or a DIRECT DEPOSIT FORM from your bank.</b> Without one of these accompanying documents, this form is not valid.</li> <li>2. College of Charleston paydays are always on the 15th or last day of the month. If the 15th or last day of the month is on a weekend or holiday, the payday will be the 1st business day preceding the weekend or holiday.</li> <li>3. Your paystubs are available online for view/print on the Employee tab of MyCharleston via Banner Self-Service/Employee/Pay Stub. <b>Remember that it is important to check your paystub to make sure you have been paid for the correct amount of hours and that your tax information is correct.</b></li> <li>4. You should make a copy of this agreement before sending this form to the Career Center as a copy will not be mailed to you.</li> </ol>			
<b>Method of Payment (Select One)</b>			
<input type="checkbox"/> <b>CashPay® Payroll Card</b> - (If this box is checked, you will receive a VISA branded CashPay® Payroll Card. Do not enter any bank account information in the space below. Only your signature is required.)			
<input type="checkbox"/> <b>Direct Deposit</b> - (If this box is checked, please enter your bank account information in the space provided below and sign the certification statement.)			
<b>Direct Deposit Account Information</b>			
<b>Select One:</b>  <input type="checkbox"/> New  <input type="checkbox"/> Change	<b>Account Type (Select one):</b>  <input type="checkbox"/> Checking  <input type="checkbox"/> Savings	<b>ABA Transit Routing Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Account Number:</b> _____ <b>Name of Financial Institution:</b> _____	<b>100% of the net of your check will be deposited into this account each pay period.</b>
<p>I authorize the College of Charleston to direct deposit funds to my account(s) in the financial institution(s) listed above or to the CashPay® payroll card as indicated. If funds to which I am not entitled are deposited in my account, I authorize the College of Charleston to initiate a correcting (debit) entry. If any of the above information changes, I will promptly complete a new authorization agreement.</p>			
Employee Signature: _____		Date: _____	