

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).

Employee Information (Please Print)			
Student Employee Name: _____	Student CofC ID Number: _____		
Local Address: _____ _____	Employing Department: _____		
Conditions of Direct Deposit (PLEASE READ BEFORE CONTINUING)			
<ol style="list-style-type: none"> 1. You MUST accompany this form with a VOIDED CHECK or a DIRECT DEPOSIT FORM from your bank. Without one of these accompanying documents, this form is not valid. 2. College of Charleston payday is 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. 3. Your paystubs are available online for view/print on the Employee tab of MyCharleston via Banner Self-Service/Employee/Pay Stub. 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. 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. 			
Method of Payment (Select One)			
<input type="checkbox"/> CashPay® Payroll Card - (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"/> Direct Deposit - (If this box is checked, please enter your bank account information in the space provided below and sign the certification statement.)			
Direct Deposit Account Information			
Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <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"/> Account Number: _____ Name of Financial Institution: _____	100% of the net of your check will be deposited into this account each pay period.
<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: _____	