

# **AUTHORIZATION TO REMOVE FROM DIRECT DEPOSIT**

Having previously signed an authorization to have my support payments paid via Direct Deposit, I hereby authorize the Clerk of Court's office to stop my Direct Deposit payments as of this date. I understand that as soon as this request is processed, all future payments will be remitted via a printed check mailed to my address of record. I further attest that my address is correct or that I have indicated any changes below.

Date \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Case Number \_\_\_\_\_ - DR-08- \_\_\_\_\_

Check here if you have more than one case and would like to remove  
Direct Deposit from all cases

Signature \_\_\_\_\_

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

**NOTE:** Your signature must be notarized if not signing in person. This form must be returned with an original signature and a copy of a picture i.d.

**New address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail to: Berkeley County Clerk of Court, Financial Support Division  
Post Office Box 219, Moncks Corner, SC 29461