

Berkeley County Clerk of Court Direct Deposit Authorization Form

New
 Change
 Cancel

Payee Name	Social Security # Last four digits
List all support cases for direct deposit below:	
Case Number _____-DR-08-_____	Case Number _____-DR-08-_____

Bank Name	Bank Account #
Routing Number *	
* The routing number is the first group of numbers printed at the bottom of your check (9 digits)	
Please Check One: _____ Deposit checking account _____ Deposit savings account	
Attach a voided check or deposit slip to Authorization Form.	

I hereby authorize Berkeley County Clerk of Court to initiate credit entries (deposits) designated above.

I understand my direct deposit enrollment may be terminated if I fail to notify Berkeley County Clerk of Court of changes in account information and after receiving two (2) enrollment forms due to various bank account changes.

I also understand the direct deposit may take two (2) or more banking days to be credited into my account from the day of payment posting.

Signature

Date

Daytime Telephone #

Sworn and before me this _____ day of _____, _____ _____ Notary Public My Commission expires: _____
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<u>Payee Mailing Address</u>

Email Address: _____

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

Forms received by mail must be notarized and a picture i.d. must be submitted with the form.