

**Berkeley County Clerk of Court**

**Direct Deposit Authorization Form**

New     Change     Cancel

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

<b>Bank Name</b>	<b>Bank Account Number</b>
<b>Routing Number *</b>	
* The routing number is the first group of numbers printed at the bottom of your check; either 8 or 9 digits.	
<b>Please Check One:</b> _____ <b>Deposit checking account</b> _____ <b>Deposit savings account</b>	
<b>Attach a voided check or deposit slip to Authorization Form.</b>	

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

Forms must be notarized and include a copy of a valid picture i.d.