



**MUSC MARKETPLACE
DIRECT DEPOSIT AUTHORIZATION FORM
(Please Type or Print)**

PLEASE CHOOSE: Individual Business

TRANSACTION TYPE - Section 1

<input type="checkbox"/> New Set-Up (Sections 2, 3, & 4)	<input type="checkbox"/> Change Bank/Account Information (Sections 2, 3, 4 & 5)
<p style="color:red; font-size: small;">Please include a voided check or verification letter from the vendor/payee's financial institution. Do <u>not</u> send a voided deposit slip as these do not contain valid ACH bank ABA Routing Numbers.</p>	

PAYEE IDENTIFICATION - Section 2

Employee ID Number, Social Security Number or Federal Employer's Identification Number (FEIN)			
Individual or Business Name		Individual or Business Phone Number	
Street Address	City	State	ZIP Code
E-mail address for electronic remittance advice			

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION - Section 3

By electing to receive direct deposit payments, I authorize the Medical University of South Carolina to deposit by electronic funds transfer payments owed to me by the Medical University of South Carolina and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Medical University of South Carolina shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred. I understand if my account is closed, I will not receive payment until my financial institution returns the funds to the University. I acknowledge that direct deposits to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control. I affirm that the entire payment amount is not subject to being transferred to a foreign bank account.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations as they exist on the date of my signature on this form or as subsequently adopted, amended, and repealed. This authority is to remain in full force and effect until the Medical University of South Carolina has received written notification from me/my organization of its termination in such time and in such manner as to afford the Medical University of South Carolina and Depository Institution a reasonable opportunity to act on it.

Authorized Signature	Printed Name	Date
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FINANCIAL INSTITUTION (please attach a voided check or equivalent -- not a deposit slip) - Section 4

Financial Institution Name	City	State
ABA/Routing/Bank Number - must be 9 digits	Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings

FOR CHANGES TO EXISTING ACCOUNTS - Section 5

Provide the last 4 digits of your previous routing number and account number

Previous Routing Number	Previous Account Number
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