

## Direct Deposit Authorization Form

### Authorization Agreement

I hereby authorize MUSC Foundation to deposit by electronic funds transfer payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. MUSC Foundation shall deposit the payments in the financial institution and account listed 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 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 MUSC Foundation.

This authority will remain in full force and effect until MUSC Foundation has received written notification from me/my organization of its termination or modification in such time and in such manner as to afford MUSC Foundation a reasonable opportunity to act on it.

### Account Information

Type of Account: ☐ Checking ☐ Savings

Name of Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

### Contact Information

Email address for electronic remittance advice (required) \_\_\_\_\_

### Signature

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

*\*Please attach a voided check that includes full name, routing, and account number. Send completed form to MUSC Foundation via secured email to [foundationcheckreq@musc.edu](mailto:foundationcheckreq@musc.edu).*