



ACCOUNTS PAYABLE ONLY
DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE CHOOSE: [ ] Individual [ ] Business [ ] Employee

TRANSACTION TYPE - Section 1

Form with checkboxes for transaction types: New Set-Up, Change Financial Institution, Change Account Number, Change Account Type, Cancellation, Change Email.

PAYEE IDENTIFICATION - Section 2

Form for payee identification with fields for Employee ID Number, Social Security Number, Individual or Business Name, Individual or Business Phone Number, Street Address, City, State, ZIP Code.

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION - Section 3

Authorization text and signature fields: I authorize the Medical University of South Carolina... I consent to and agree to comply with the National Automated Clearing House Association Rules... Authorized Signature, Printed Name, Date.

FINANCIAL INSTITUTION (Individuals/Employees please attach a voided check) - Section 4

Form for financial institution details: Financial Institution Name, City, State, ABA/Routing/Bank Number, Account Number, Type of Account (Checking, Savings).

CANCELLATION - Section 5

Form for cancellation with Reason field.

E-MAIL ADDRESS - Section 6

Form for e-mail address with (E-mail address is to be used for electronic remittance advice) and E-mail fields.

For Office Use Only: Vendor Location Code

Revised 11/20/12

Note: It takes approximately three weeks to establish the electronic funds transfer. During this time, a pre-note, a zero dollar entry, is electronically submitted to the enrollee's financial institution for validation of bank account information.

Return To: MUSC Accounting Services P.O. Box 250817 Suite 505 Harborview Office Towers Charleston, SC 29425 or via fax at (843) 792-3401.