ACCOUNTS PAYABLE ONLY DIRECT DEPOSIT AUTHORIZATION FORM

MEDICAL UNIVERSITY DF SOUTH CAROLINA		10005		المطانبة طبيها		Ducinese
	PLEASE CH	1005E:		Individual		Business
				Employee		
TRANSACTION TYPE - Section 7						
New Set-Up (Sections 2,			-		e (Sections 2, 3 & 4)	
Change Financial Institut	3 & 4)		Cancellatio	on (Sections	\$ 2, 3 & 5)	
Change Account Number	r (Sections 2, 3 a	& 4)		Change En	nail (Sectio	ns 2, 3, & 6)
PAYEE IDENTIFICATION - Section	on 2					
Employee ID Number, Social Security Num	ber or Federal Empl	oyer's Identific	ation Numl	ber (FEIN)		
Individual or Business Name	Individual or Business Phone Number					
Street Address		City			State	ZIP Code
AUTHORIZATION FOR SETUP, (CHANGES OR (CANCELLA	TION - S	Section 3		·
the processing of the form may be delayed I consent to and agree to comply with the N signature on this form or as subsequently a University of South Caroline has received w	lational Automated (dopted, amended, a vritten notification fro	Clearing House nd repealed. m me/my orga	Association This author Association of	on Rules and Re ity is to remain its termination	in full force an in such time a	nd effect until the Medical
	the Medical University of South Carolina and Depository Institution			pportunity to ac	a on it.	
Authorized Signature		Printed Name	2			Date
FINANCIAL INSTITUTION (Indivi	duals/Employe	es please a	attach a	voided che	ck) - Sectio	on 4
Financial Institution Name			City			State
ABA/Routing/Bank Number (For example, see Instructions)		Account Number			Type of Account Checking Savings	
CANCELLATION - Section 5						
Reason						
E-MAIL ADDRESS - Section 6						
(E-mail address is to be used for electronic	remittance advice)					
E-mail						

For Office Use Only: Vendor Location Code

MIISC

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. The enrollee will continue to receive paper checks during this pre-enrollment period.
- Return To: MUSC Accounting Services P.O. Box 250817 Suite 505 Harborview Office Towers Charleston, SC 29425 or via fax at (843) 792-3401.