COLLETON COUTY CLERK OF COURT
DEBIT CARD OR DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE IN BLUE OR BLACK INK. INCOMPLETE OR INCORRECT INFORMATION MAY RESULT IN A DELAY IN PROCESSING THIS REQUEST. ALLOW 3 TO 4 WEEKS FOR DIRECT DEPOSIT **EFFECTIVE: AUGUST 1, 2011**

NAME_____ _____ _____ _____
(LAST) FIRST MI DOB

SOCIAL SECURITY NUMBER_____CASE #_____

ADDRESS _____

HOME PHONE: _____WORK PHONE_____

PAYOR NAME: _____

1. CHECK ONE: __DIRECT DEPOSIT REQUEST ___CHANGE ____CANCELLATION ___DEBIT CARD

2. IF THIS IS A CANCELLATION, NO BANKING INFORMATION IS NECESSARY. **GO TO #6**

3. ACCOUNT TYPE (CHECK ONE):____ CHECKING ____SAVINGS _____DEBIT

4. ATTACH A VOIDED CHECK (PREPRINTED, NO COUNTER CHECKS) HERE AND **GO TO #6**
OR
IF A CHECK IS NOT AVAILABLE, HAVE YOUR BANK COMPLETE THE FOLLOWING AND **GO TO #6**

5. IF THIS IS A DEBIT CARD: **GO TO # 6**

BANK NAME_____ BANK PHONE # _____

BANK ADDRESS_____

BANK ROUTING NUMBER ___ ___ ___ ___ ___ ___ ___ ___ ___

BANK ACCOUNT NUMBER _____

BANK REPRESENTATIVE'S NAME (PRINTED) _____

BANK REPRESENTATIVE'S SIGNATURE_____ Date __/__/__

6. **AUTHORIZATION AND SIGNATURE**. Please read, sign and date. Please do not send correspondence with this document.
I hereby authorize the Colleton County Family Court to deposit my child support payments to the financial institution account named above. The Clerk will make deposits to this bank account until I cancel the authorization and the Clerk has time to process the cancellation. I authorize the Clerk to contact the financial institution and make debit entries and adjustments for any credit entries made in error to my account. I understand that until this request is processed, payments will be made by check.

YOUR SIGNATURE: _____**DATE**:_____/_____/_____

MAIL SIGNED ORIGINAL COMPLETED FORM TO:
Colleton County Family Court
PO Box 620
Walterboro, South Carolina 29488 **If you have questions or address changes, call 843-549-2870**

Please note: Until this request is processed, payments will be made by check.

For Office Use Only: Date of Receipt_____