Berkeley County Clerk of Court
Direct Deposit Authorization Form

☐ **New** ☐ **Change** ☐ **Cancel**

Payee Name	Social Security # Last four digits
List all support cases for direct deposit below:	
Case Number _____-DR-08-_____	Case Number _____-DR-08-_____

Bank Name	**Bank Account #**
Routing Number *	
*** The routing number is the first group of numbers printed at the bottom of your check (9 digits)**	
Please Check One: **_____Deposit checking account** **_____Deposit savings account** **Attach a voided check or deposit slip to Authorization Form.**	

I hereby authorize Berkeley County Clerk of Court to initiate credit entries (deposits) designated above.

I understand my direct deposit enrollment may be terminated if I fail to notify Berkeley County Clerk of Court of changes in account information and after receiving two (2) enrollment forms due to various bank account changes.

I also understand the direct deposit may take two (2) or more banking days to be credited into my account from the day of payment posting.

_____ _____ _____

Signature **Date** **Daytime Telephone #**

Sworn and before me this _____ day of

_____, _____

_____

Notary Public

My Commission expires: _____

Payee Mailing Address

_____

_____

_____

Email Address: _____

Mail to: Berkeley County Clerk of Court (Financial Support),
Post Office Box 219, Moncks Corner, SC 29461

Forms received by mail must be notarized and a picture i.d. must be submitted with the form.