

Spartanburg County Clerk of Court

Direct Deposit Authorization

Please complete in blue or black ink.

NAME _____, _____
LAST FIRST MI

SOCIAL SECURITY # _____

CASE # _____

CONTACT #: _____

CHECK ONE:

DIRECT DEPOSIT REQUEST

CHANGE OF INFO

CANCELLATION (If this is a cancellation, no bank information is necessary, just sign and date below.)

ACCOUNT TYPE: (CHECK ONE)

CHECKING

SAVINGS

BANK NAME _____

Attach a voided check (Preprinted, no counter checks) here:

AUTHORIZATION AND SIGNATURE:

I hereby authorize the Spartanburg County Clerk of Court Office to deposit my child support payments the financial institution account named above. The Clerk's office will make deposits to this account until I cancel the authorization and the Clerk has time to process the cancellation. I authorize the Clerk's Office 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 and confirmed by the Clerk's office, payments will be made by check.

Signature

Date

MAIL SIGNED ORIGINAL COMPLETED FORM WITH ATTACHED COPY OF ID TO:

SPARTANBURG COUNTY CLERK OF COURT OFFICE – PAYMENTS

POST OFFICE BOX 3483

SPARTANBURG, SC 29304-3483

Should you have any questions, address and or account changes, please call 864-596-2587 or 864-596-2951.

PLEASE NOTE: Until this request is processed, payments will be made by check.

For Office Use Only:

Date received _____ Date Processed _____ Processing Clerk _____