

## Cherokee County Clerk of Court Direct Deposit Request

Support Office Account # \_\_\_\_\_

Name \_\_\_\_\_

(First)

(Middle)

(Last)

Social Security Number \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**PAYOR NAME:** \_\_\_\_\_

Check One: \_\_\_ Direct Deposit Request \_\_\_ Change \_\_\_ Cancellation

**AUTHORIZATION AND SIGNATURE:** Please read, sign and date.

I hereby authorize the Cherokee County Clerk of Court to deposit my child support payments to the Financial Institution account named above. The Clerk of Court will make deposits to this bank account until I cancel the authorization and the Clerk of Court has time to process the cancellation. I authorize the Clerk of Court 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.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**MAIL SIGNED ORIGINAL COMPLETED FORM TO:**

Clerk of Court  
PO Box 2289  
Gaffney, SC 29342

If you have questions or address changes, call 864-487-2577

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

<b>For Office Use Only: Data Entered: ____/____/____</b>
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**Clerk's Initials:** \_\_\_\_\_

**ACH AUTHORIZATION FORM  
(CREDIT/DEBIT)**

I (we) hereby authorize \_\_\_\_\_, hereinafter called **COMPANY**, to initiate entries to my Checking/Savings accounts at the financial institution listed below, hereinafter called **FINANCIAL INSTITUTION**, and, if necessary, initiate adjustments for any transactions credited/debited in error.

Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Routing# \_\_\_\_\_ Account# \_\_\_\_\_

Type of Account \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

: **253272148** : **0159001234**

Routing Number    Account Number

Start date \_\_\_\_\_ Frequency \_\_\_\_\_

Set Amount \_\_\_\_\_ or Method of Determining Amount \_\_\_\_\_

This authority is to remain in full force and effect until **COMPANY** has received written notification from the above of its termination in such time and in such manner as to afford **COMPANY** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT) \_\_\_\_\_

Address (PRINT) \_\_\_\_\_

Accepted by: \_\_\_\_\_

Title: \_\_\_\_\_