

University of South Carolina Upstate
Office of Student Account Services

AUTHORIZATION AGREEMENT
FOR ELECTRONIC CREDIT ENTRIES
* * * CHECKING ACCOUNTS ONLY * * *

PLEASE CHECK ONE:

NEW ACCOUNT _____ CHANGE ACCOUNT _____ CLOSE ACCOUNT _____

IF YOU HAVE ALREADY SUBMITTED AN AUTHORIZATION AGREEMENT,
DO NOT RE-SUBMIT UNLESS YOU ARE CHANGING YOUR ACCOUNT
NUMBER, OR ARE DISCONTINUING YOUR AUTHORIZATION

STUDENT'S SOCIAL SECURITY NUMBER/ LAST FOUR _____

STUDENT'S LAST NAME _____

STUDENT'S FIRST NAME _____

TELEPHONE: HOME _____ WORK _____

I (we) _____

Name of bank account holder(s)

authorize the Financial Services Office of the University of South Carolina Upstate to initiate credit entries for the deposit of funds (excess financial aid and refunds, etc.) or any such adjusting credit entries necessary for corrections, to my (our) named account at the Depository indicated below.

This authorization is to remain in full force and effect until the University of South Carolina Upstate or I receive written notification of its termination, at such time and in such manner as to afford the University of South Carolina and my (our) (banking institution) a reasonable opportunity to act on it.

Depository (banking institution) -- Checking Account Only

Name: _____ Account number: _____

Student Signature: _____ Date _____

Account Holder Signature: _____ Date _____

Only if account holder is not student

YOU MUST ATTACH A VOIDED CHECK

Please allow at least three weeks for this to become effective

For more information call the Cashier's Office at 864-503-5326

Please return to: Cashier's Office, 800 University Way, Spartanburg, SC 29303