Spartanburg County Clerk of Court
Direct Deposit Authorization

Please complete in blue or black ink.

NAME_____,_____,_____
LAST FIRST MI

SOCIAL SECURITY #_____

CASE #_____

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_____TELEPHONE #_____

ADDRESS_____
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 to the financial institution account named above. The Clerk's Office will make deposits to this bank account until ***I cancel the authorization*** and the Clerk has time to process the cancelation. 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 VOIDED CHECK 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 864-596-2591 or 596-2587.

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

For Office Use Only:
Date Received_____ Date Processed_____ Processing Clerk_____