

**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 \_\_\_\_\_

<p style="text-align: center;"><b>IF YOU HAVE ALREADY SUBMITTED AN AUTHORIZATION AGREEMENT, DO NOT RE-SUBMIT <u>UNLESS</u> YOU ARE CHANGING YOUR ACCOUNT NUMBER, OR ARE DISCONTINUING YOUR AUTHORIZATION</b></p>
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STUDENT'S SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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.) and debit entries for academic fees and other charges **WHICH HAVE BEEN PERSONALLY INITIATED THROUGH THE WEB SITE**, or any such adjusting entries (debit or credit) 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