

AUTHORIZATION TO REMOVE FROM DIRECT DEPOSIT

Having previously signed an authorization to have my support payments paid via Direct Deposit, I hereby authorize the Clerk of Court’s office to stop my Direct Deposit payments as of this date. I understand that as soon as this request is processed, all future payments will be remitted via a printed check mailed to my address of record. I further attest that my address is correct or that I have indicated any changes below.

Date _____

Name _____

Social Security Number _____

Case Number _____ - DR-10-_____

Check here if you have more than one case and would like to remove Direct Deposit from all cases

Signature _____

Sworn and Subscribed before me this _____ day of _____ ,

My commission expires: _____

NOTE: Your signature must be notarized if not signing in person. This form must be returned with an original signature.

New address: _____

Mail to: Charleston County Family Court, Support Division
100 Broad Street, Suite 143, Charleston SC 29401