



(ACH) Direct Deposit Form

New Account Setup

Change/Update Account

THIS SECTION IS MANDATORY

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: (____) _____

Name of School: _____

***Check one of the boxes below to confirm if you would like to receive payments through direct deposits from First Steps 4K.**

Yes! I would like to receive direct deposits. No, I would not like to receive direct deposits.

IF YOU WISH TO RECEIVE DIRECT DEPOSITS, PLEASE COMPLETE THE SECTION BELOW

Bank Name: _____

ABA Bank Routing #: _____ Account #: _____

Account Type:
(Check one only) Checking Savings

Please sign or type your name below. By typing your name, you are confirming by electronic signature that SC First Steps is authorized to begin transferring payments to the account mentioned above. This authorization will remain in effect unless canceled in writing by you.

Signature

Date

Please submit the completed form, copy of a sample check, or a letter from your bank providing confirmation of your account information. Please email or mail the completed form to Angelica Coppin at acoppin@scfirststeps.org. If you have any questions or need assistance completing this form, please call Angelica at 803-734-1648.

