

**Charleston County School District****Financial Services**

3999 Bridgeview Drive  
North Charleston, SC 29405  
(843) 566-8198

Dear Charleston County School District Vendor:

In order to realize the benefits of today's automated banking system, CCSD allows payments to our suppliers via electronic funds transfers. Under this method of payment, CCSD will transfer the amount due directly from our bank account to yours via the Automated Clearing House (ACH). You will be notified of deposits to your account via an electronic remittance advice that will be sent to your email address. The remittance advice will contain the information that you require for your accounting ledger including payment amount, deposit date and invoice/account numbers.

The ACH method of payment directly benefits you by ensuring faster receipt of funds, reducing possibility of checks being lost in the mail, and reducing the potential for fraudulent check cashing. Simultaneously, ACH payments benefit us by eliminating inefficient paper processing and providing us with more efficient record keeping.

To begin making payments to you via ACH, we must receive your authorization, bank account information, email address and the name and telephone number of a person we can contact should any questions arise.

**Please complete the enclosed EFT Form and send it to Accounts Payable at [Accounts\\_Payable@charleston.k12.sc.us](mailto:Accounts_Payable@charleston.k12.sc.us) at your earliest convenience so that any future payments will not be delayed by this change in payment term.** After we receive your form, you will begin receiving your payments via ACH within 30 days.

If you have any questions, please contact us at one of the departments below.

Accounting Department  
(843) 566-7260  
[Accounts\\_Payable@charleston.k12.sc.us](mailto:Accounts_Payable@charleston.k12.sc.us)

Procurement Department  
(843) 566-8138  
[Procurement@charleston.k12.sc.us](mailto:Procurement@charleston.k12.sc.us)



**FINANCIAL SERVICES DIVISION**  
**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFER**  
TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address 1: \_\_\_\_\_

Vendor Address 2: \_\_\_\_\_

Vendor Address 3: \_\_\_\_\_

City State Zip

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address for Remittance: \_\_\_\_\_

Signature of individual authorizing EFT: \_\_\_\_\_

Print Name of individual authorizing EFT: \_\_\_\_\_

I hereby authorize **CHARLESTON COUNTY SCHOOL DISTRICT** hereinafter called **CCSD** to initiate an electronic transfer into the financial institution listed below. I agree to abide by CCSD's rules regarding changes to the EFT. I understand that CCSD must receive and process this form before transfers can begin.

Date to: **Start or Stop:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(please circle one) mm dd year

This authority is to remain in full force and effect until CCSD has received a signed replacement Authorization Form to add, change or termination in such time and in such manner as to afford CCSD a reasonable length of time to act upon.

Bank Name: \_\_\_\_\_ **Checking or Savings**  
(please circle one)

9 Digit Routing Number

Account Number \_\_\_\_\_

Attach a voided check from the necessary account. Send completed form to the Accounts Payable at 3999 Bridge View Drive or email it to [accounts\\_payable@charleston.k12.sc.us](mailto:accounts_payable@charleston.k12.sc.us). **As part of our fraud prevention the vendor on file will be contacted for verification.**

Duplicate as necessary.

ADMINISTRATIVE USE ONLY:	
Technician:	
Phone # called:	
Vendor contact name:	
Vendor #	
Confirmed banking change:	Yes or No