

Barrington Public Schools
Payroll Direct Deposit
Authorization Form

I, _____ hereby authorize

_____ Barrington Public Schools to direct deposit my net payroll wages into the account specified on the attached voided check furnished to the payroll clerk. Direct deposit will become effective 2 pay periods from the date this form is received.

_____ Barrington Public Schools to stop direct deposit of my payroll check effective _____

Email Address: **(Required)** _____

_____ Change in Banking Info _____ New enrollment

An actual voided check must be attached

Savings account information must be obtained in writing from your Financial Institution

Make sure that the account number and ABA number is on the attachment.

Employee Signature

Date