

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