



### DIRECT DEPOSIT AUTHORIZATION

\_\_\_\_\_New Agreement      \_\_\_\_\_Change Account      \_\_\_\_\_Cancel Agreement

I hereby authorize Barrington Staffing Services to initiate credit or appropriate debit and adjustment entries electronically to my account with the Financial Institution indicated below. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authority is to remain in full force and effect until Barrington Staffing Services has received written notification from me of its termination in such time and in such manner as to afford Barrington Staffing Service and the Financial Institution a reasonable opportunity to act upon it. Further, I acknowledge that an initial deposit of \$0.01 may be made to my account, for the purpose of verifying my account . When the \$0.01 deposit has been verified by me as received I will notify Barrington Staffing so payroll deposits may begin.

Select One:            Checking Account \_\_\_\_\_            Savings Account \_\_\_\_\_

Financial Institution:

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

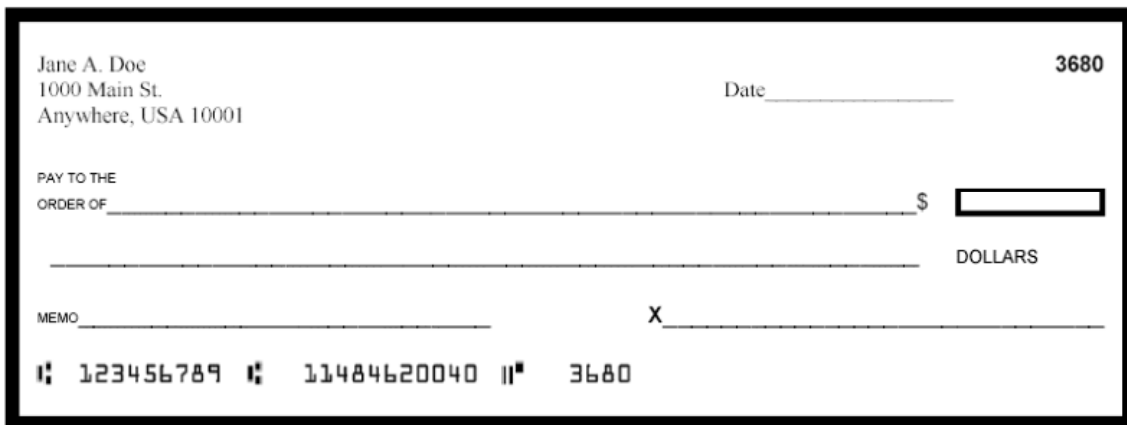
Transit/ABA (routing) No. \_\_\_\_\_ Account No. \_\_\_\_\_

(See example below)

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach: voided check for checking accounts OR savings deposit slip for savings accounts  
Form will not be processed without information below.



Transit/ABA No.

Account No.

\_\_\_\_\_ **I would like to cancel my deposit authorization.**

The undersigned hereby cancels the authorization for direct deposit previously submitted.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee email address