

## EMPLOYEE PAYCHECK DIRECT DEPOSIT AUTHORIZATION FORM

### INSTRUCTIONS:

1. Please print this form, enter your information and mail to address at right.
2. Write legibly and clearly to avoid bank errors to your deposit.
3. Complete the entire form, all information is required.
4. You must be the named account holder for the direct deposit.
5. Attach your bank's *ACH Authorization Form*, if required.

**Please mail your form(s) to:**

Barton Staffing Solutions, Inc.  
Attn: Payroll Coordinator  
723 Aurora Avenue  
Aurora, IL 60505

**Employee Name:** \_\_\_\_\_ **Last 4 digits of SSN:** XXX - XX - \_\_\_\_\_

**Employee Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** Required for Check Stub delivery (PRINT CLEARLY): \_\_\_\_\_

PLEASE NOTE: By listing an email address you are authorizing your check stub voucher listing payroll notice of deductions to be sent to you electronically by email. You will receive an email from [invoices@bartonstaffing.com](mailto:invoices@bartonstaffing.com) confirming initial enrollment, and emailed Direct Deposit Vouchers every week. To ensure your payroll notice gets through your spam filter, please add [invoices@bartonstaffing.com](mailto:invoices@bartonstaffing.com) to your address book.

We **MUST** have a **VOIDED CHECK** and your **bank's provided ACH authorization form** in order to process your request. **You MUST be listed as the account holder for the account you are providing.**

If depositing to a savings account, please provide a **savings account deposit slip** and ACH form.

**ATTACH VOIDED CHECK HERE**

Entire Check to be deposited to: Account Type (check one):  Checking  Savings

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

Is this form REPLACING a previously submitted form (check one)?  YES  NO

If YES, this replaces bank routing #: \_\_\_\_\_ and account #: \_\_\_\_\_

I authorize my employer and the financial institution identified above to remit my paycheck via ACH. This also includes my authorization for my employer to reverse any entries made in error. This authorization remains in effect until Barton Staffing Solutions, Inc. receives written notice from me. If I close the account above I will provide at least 2 weeks' advance notice to Barton Staffing Solutions. Submitting an incomplete form or failing to attach other bank documents my bank may require could delay my direct deposit enrollment.

Employee Signature: \_\_\_\_\_ Effective Date: \_\_\_\_\_