

**BARNWELL SCHOOL DISTRICT 45
770 HAGOOD AVENUE
BARNWELL, SC 29812
803 541-1302**

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Barnwell School District 45 to initiate credit and/or correction entries to my account listed at the depository named below:

Bank Name:	Type of Account (checking/savings):
Amount each pay period:	
Bank Transit/ABA Number:	Account Number:

This authorization shall remain in effect until Barnwell School District 45 has received notification from me in a time and manner to allow both the Barnwell School District 45 and the depository reasonable opportunity to act upon said notification.

Name:	Social Security Number:
Signature:	Date:

Please note that **a voided check must be attached to this request.** Employees are allowed only one primary account and one secondary account.

Forward to:

Payroll
Barnwell School District 45
770 Hagood Avenue
Barnwell, SC 29812