



## Barron Area School District

### Direct Deposit Authorization

Name: \_\_\_\_\_

I hereby authorize Barron Area School District to initiate credit entries to the account indicated at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authorization will remain in effect until the Barron Area School District is notified by me in writing to cancel it in such time as to afford the Barron Area School District and the financial institution a reasonable opportunity to act on it.

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Transit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Choose One:     Checking                       Savings

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return your completed form with a current deposit slip or voided check to the Payroll Department in Central Office.