

**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:	
Amount each pay period:	
Bank Transit/ABA Number:	
Account Number:	
Bank Name/Type of Account:	
Amount each pay period:	
Bank Transit/ABA Number:	
Account Number:	
Bank Name/Type of Account:	
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:	
Direct Deposit Notification Email Address:	
Signature:	
Date:	

Please note that a **voided check must be attached to this request.**

Forward to:
Payroll
Barnwell School District 45
770 Hagood Avenue
Barnwell, SC 29812