

When will I receive my payment from Barton?

Providers are paid weekly on a **14-day payment cycle** so long as the client or facility has approved your weekly timesheet in a timely manner. This means that providers will typically be paid on the Friday that falls **two weeks after** the completion of each Saturday-to-Friday workweek.

Example:

If your workweek ends on Friday, August 7, you'll be paid on Friday, August 21, assuming that the client or facility has approved this timesheet in a timely manner.

SAT	SUN	MON	TUES	WED	THUR	FRI	
1	2	3	4	5	6	7	
← WORK WEEK #1 →							
8	9	10	11	12	13	14	
← WORK WEEK #2 →							
15	16	17	18	19	20	21	
		Submit Time by 12:00pm EST <i>(week #1)</i>					PAY DAY <i>(week #1)</i>
22	23	24	25	26	27	28	
		Submit Time by 12:00pm EST <i>(week #2)</i>					PAY DAY <i>(week #2)</i>

Does Barton offer direct deposit?

Yes! We highly encourage all of our providers to take advantage of direct deposit.

The benefits of receiving direct deposit payments include:

- Electronic payments result in faster access to your funds because you won't have to wait a few extra days to receive a paper check in the mail.
- Electronic payments can't be lost, stolen, or damaged like paper checks can.
- Electronic payments save you time and effort because there are no paper checks to deposit.

If you'd like to enroll in direct deposit, please complete and submit the enclosed **Electronic Payment Authorization** form along with a copy of a **voided check**. Please ensure that the voided check clearly indicates both the account number and the bank ABA/routing number (which will be nine digits in length). If you want to use a savings account instead of a checking account, please include a deposit slip in lieu of a voided check.

Once completed and signed, please send the **Electronic Payment Authorization** form along with a voided check (or savings account deposit slip) to the Barton Timesheets team via fax (888-316-0982) or email (timesheets@bartonassociates.com). Please make all attempts to submit the form and voided check (or savings account deposit slip) to us well before the end of your first workweek.

A copy of the Electronic Payment Authorization form is included within this package.

Important Information

We encourage you take advantage of direct deposit. Doing so will make your payment readily available in your account each payment date as opposed to waiting for a check to be mailed to your address on the same date. If you would like to participate in direct deposit, please complete and submit this electronic payment authorization form along with an attached copy of a voided check that clearly indicates the account's routing and number via fax ([888.316.0982](tel:888.316.0982)) or email (timesheets@bartonassociates.com). These forms need to be submitted two weeks prior to your first expected electronic payment date in order for us to verify your banking information. You can transition from manual check payment to direct deposit at any point while you are on assignment with Barton Associates.

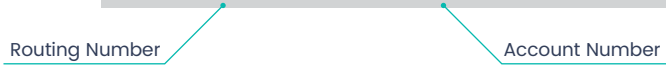
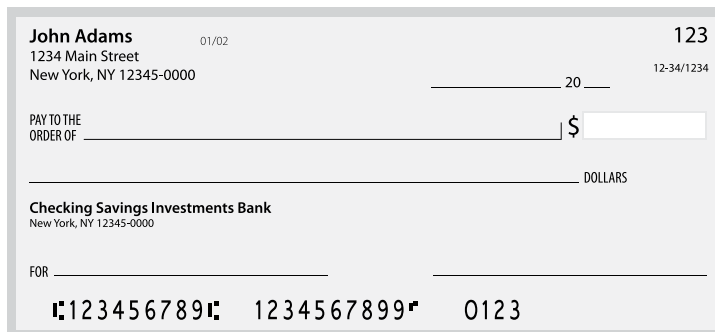
Electronic Payment Authorization Enrollment/Modification

Provider Name _____ Payee Name (if different) _____
 Payee Entity Individual Business Payee Social Security Number/Tax ID _____
 I would like to: Enroll in Direct Deposit Modify Existing Direct Deposit Information Cancel Direct Deposit

Deposit Information

Bank Name _____ City _____ State _____
 Branch _____ Payee Entity Checking Savings
 Routing Number (9 digits) _____ Account Number _____

Please submit a copy of a voided check or savings account deposit slip along with this form:



The undersigned hereby authorizes Barton Associates, Inc. (“Barton”) to initiate credit entries to the account and depository financial institution named above. The undersigned indemnifies and holds Barton harmless from any liability for funds incorrectly wired due to an error or omission of the undersigned, and this authorization is to remain in full force and effect until Barton has received written notice from the undersigned of its termination in such time and in such manner as to afford Barton reasonable opportunity to act upon it.

Provider Name _____ Provider Signature _____ Date _____