City of Springfield, Massachusetts

Employee Direct Deposit Enrollment Form

For full service direct deposit, any changes and/or cancellations**, please complete this form and attach a voided check (not a deposit slip) or obtain written documentation of your Account Number and Routing/Transit Number from your financial institution**. When any account with direct deposit is closed, please complete the account information, select 'cancel' and submit this form to Payroll immediately.

Direct deposit accounts can only be setup if employee's name is on the bank account. Forms without employee number and/or last 4 digits of SSN, missing signatures and/or incomplete forms cannot be processed.

NEW HIRE START DATE: _____

Name: Last _____ **First** _____

Employee ID Number or last 4 digits of SSN: _____ **ID is on the upper left corner of your stub**

Send my direct deposit advices electronically to my

☐ **work email or** ☐ **personal email address:** _____

Account 1 ☐ Add New Account ☐ Change Direct Deposit Amount ☐ Cancel

Bank Name/City/State: _____

Routing/Transit Number: _____ Account No: _____

☐ Checking ☐ Savings I wish to deposit: $ _____ / per pay period or ☐ Remaining Balance

Account 2 ☐ Add New Account ☐ Change Direct Deposit Amount ☐ Cancel

Bank Name/City/State: _____

Routing/Transit Number: _____ Account No: _____

☐ Checking ☐ Savings I wish to deposit: $ _____ / per pay period or ☐ Remaining Balance

Account 3 ☐ Add New Account ☐ Change Direct Deposit Amount ☐ Cancel

Bank Name/City/State: _____

Routing/Transit Number: _____ Account No: _____

☐ Checking ☐ Savings I wish to deposit: $ _____ / per pay period or ☐ Remaining Balance

Account 4 ☐ Add New Account ☐ Change Direct Deposit Amount ☐ Cancel

Bank Name/City/State: _____

Routing/Transit Number: _____ Account No: _____

☐ Checking ☐ Savings I wish to deposit: $ _____ / per pay period or ☐ Remaining Balance

I hereby authorize my Employer, either directly or through its payroll service provider, to deposit amounts owed to me, by initiating credit entries to the above account(s). In the event that my Employer deposits funds erroneously into my account, I authorize them to debit my account for an amount not to exceed the original amount of the erroneous credit. This will remain in force until my Employer receives written notice of the cancellation or change.

Employee Signature: _____ **Date:** _____

Return all completed Direct Deposit Enrollment and Cancellation forms to: Springfield Public Schools 1550 Main Street Springfield MA 01103 or fax to confidential fax 413-787-6592.

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