



City of Springfield, Massachusetts

Employee Direct Deposit Enrollment Form

For full service direct deposit, and any changes and cancellations, **please complete this form and attach a voided check for each checking account (not a deposit slip). If you wish to deposit to a savings account, please obtain written documentation of your Account Number and Routing/Transit Number from your financial institution.** You may choose up to 3 checking accounts and/or 3 savings accounts. Please note that you must also indicate 'Cancel' when you close any account that you have set up for Direct Deposit.

Forms without employee number, signatures and/or incomplete forms will not be honored and will be returned without being processed.

Name: Last _____	First _____
Employee ID Number: _____	Printed on the upper left corner of your pay stub
Send my direct deposit advices electronically to my	
<input type="checkbox"/> work email or <input type="checkbox"/> personal email address:	

Account 1 <input type="checkbox"/> Add New Account	<input type="checkbox"/> Change Direct Deposit Amount	<input type="checkbox"/> Cancel
Bank Name/City/State: _____		
Routing/Transit Number: _____		Account No: _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	I wish to deposit: \$ _____ / per pay period	or <input type="checkbox"/> Remaining Balance
Account 2 <input type="checkbox"/> Add New Account	<input type="checkbox"/> Change Direct Deposit Amount	<input type="checkbox"/> Cancel
Bank Name/City/State: _____		
Routing/Transit Number: _____		Account No: _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	I wish to deposit: \$ _____ / per pay period	or <input type="checkbox"/> Remaining Balance
Account 3 <input type="checkbox"/> Add New Account	<input type="checkbox"/> Change Direct Deposit Amount	<input type="checkbox"/> Cancel
Bank Name/City/State: _____		
Routing/Transit Number: _____		Account No: _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	I wish to deposit: \$ _____ / per pay period	or <input type="checkbox"/> Remaining Balance
Account 4 <input type="checkbox"/> Add New Account	<input type="checkbox"/> Change Direct Deposit Amount	<input type="checkbox"/> Cancel
Bank Name/City/State: _____		
Routing/Transit Number: _____		Account No: _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	I wish to deposit: \$ _____ / per pay period	or <input type="checkbox"/> Remaining Balance
Account 5 <input type="checkbox"/> Add New Account	<input type="checkbox"/> Change Direct Deposit Amount	<input type="checkbox"/> Cancel
Bank Name/City/State: _____		
Routing/Transit Number: _____		Account No: _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	I wish to deposit: \$ _____ / per pay period	or <input type="checkbox"/> 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.