

SPRINGFIELD RETIREMENT OFFICE
DIRECT DEPOSIT REQUEST FORM

Name: _____
(Please print)

Social Sec # _____
(Last four numbers)

Banking Institute: _____

Account Type Checking Savings

Routing #: _____

Account # _____

Amount Net Check
 Flat amount \$ _____
(Fill in amount to be withheld)

Signature Date

Phone Number: _____

Any information reported incorrectly on this form may result in a delay.