



DIRECT DEPOSIT AUTHORIZATION FORM

I _____, authorize the City of Springfield to deposit my pay according to the financial institutions that I have selected below. This authorization shall remain in effect until written notification to terminate is provided.

Financial Institutions	Routing Number	Account Number	Account Type C=Checking S=Savings	Specified Amount or Net Pay
Bank of America	072000805			
Chemical Bank	072410013			
Comerica Bank	072000096			
Educational CU	272481871			
First Community CU	272483633			
Independent Bank	072402652			
Kellogg CU	272476734			
OMNI CU	272476653			
PNC	041000124			
Post Community CU	272476763			
United Education CU	272476776			
Other (please specify)				

Signature: _____

Date: _____