



CITY OF SPRINGFIELD
AUTHORIZATION AGREEMENT
FOR
AUTOMATIC DEPOSITS (CREDITS) FROM PAYCHECKS

EMPLOYEE MUST: (1) Attach a preprinted check or savings deposit slip for each account
(2) Write "VOID" across all slips

I hereby authorize the CITY OF SPRINGFIELD, hereinafter called CITY, to initiate credit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository(ies), named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account(s).

Name of First DEPOSITORY Bank _____ City, State, Zip _____ _____ ABA Routing Transit # _____	TO CHECKING (<i>attach a preprinted check</i>) \$ Amt. or % per pay: _____ Checking Acct. #: _____
Name of Second DEPOSITORY Bank _____ City, State, Zip _____ _____ ABA Routing Transit # _____	TO SAVINGS (<i>attach a savings deposit slip</i>) \$ Amt. or % per pay: _____ Savings Acct. #: _____
Name of Second DEPOSITORY Bank _____ City, State, Zip _____ _____ ABA Routing Transit # _____	TO CHECKING (<i>attach a preprinted check</i>) \$ Amt. or % per pay: _____ Checking Acct. #: _____
Name of Second DEPOSITORY Bank _____ City, State, Zip _____ _____ ABA Routing Transit # _____	TO SAVINGS (<i>attach a savings deposit slip</i>) \$ Amt. or % per pay: _____ Savings Acct. #: _____

This authorization is to remain in full force until the CITY has received **WRITTEN NOTIFICATION** from me of its termination in such time and in such manner as to afford the CITY and DEPOSITORY a reasonable opportunity to act on it. **EMPLOYEE: DO NOT CLOSE** accounts until you have given written notification to the Payroll Dept.

EMPLOYEE NAME (PLEASE PRINT)

SIGNATURE

DATE

CITY DEPARTMENT

DIVISION

PHONE NUMBER

FOR PAYROLL DEPT. USE ONLY:

Prenote Date: _____

System Input Date: _____

Direct Deposit Date: _____

Initials: _____