

**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.