

Non-Federal Direct Deposit Enrollment Request Form

Authorization agreement for automatic deposits (ACH credits)

Directions for Customer Use:

- 1) **Ensure entire form is complete, then sign and date**
 - Use the ABA routing number from the state where your account was opened
- 2) **Ensure appropriate Employer / Company address is used when mailing completed form.**
- 3) **Employer/Company should review this form for completeness and suitability.** *If Employer / Company prefers or requires their own form, use account type, number and ABA routing number below to help complete their form*
- 4) **Mail form directly to Employer / Company** (Note: It is not necessary for employer or company to return the form to the bank once direct deposit is set up into the payroll system)

Employer / Company Name: _____

Employer Address	City	State	Zip
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I (we) authorize the above named **Company** to initiate credit entries to my **Bank of America** Checking and/or Savings accounts indicated below and to credit the same to such amount. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Note: Funds can be deposited into one account or split between accounts as a set percent or dollar amount.

Account type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	State Acct Opened
Account number	_____	
ABA Routing Number	_____	
Deposit Amount	_____ % OR \$ _____ (Flat Amount)	OR <input type="checkbox"/> Remaining

Account type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	State Acct Opened
Account number	_____	
ABA Routing Number	_____	
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Account type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	State Acct Opened
Account number	_____	
ABA Routing Number	_____	
Deposit Amount	_____ % OR \$ _____ (Flat Amount)	OR <input type="checkbox"/> Remaining

If monies to which I am not entitled are deposited to my account, I authorize the Company (issuer) to direct the financial institution to return said funds and I authorize the financial institution to act on the Company's direction and to return said funds. This authority will remain in effect until Employer/Company has received written notification from me of its termination in such time and in such manner as to afford Company and financial institution a reasonable opportunity to act on it.

First Name	Middle Name	Last Name
Address	City	State Zip
Signature (required)	Date	Tel Number

NOTE: Written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.