

Non-Federal Direct Deposit Enrollment Request Form

Authorization agreement for automatic deposits (ACH)

Please follow these directions

1. Ensure the entire form is complete. If printing, sign and date it.
2. If providing this form directly to your Employer, they should review this form for completeness and suitability. If Employer / Company prefers or requires their own form, use the account type, number and ABA routing number below to complete their form.
3. Enter the account information on the form into your employers Human Resources Payroll portal or provide it to your employer.

Employer or Company name: **LBMC**
Account type: **MYAC**
Deposit amount: **100%**
Account Number: **444017104746**
State where opened: **TN**
ABA routing number: **064000020**

1001

DEE C ZHAO
1051 ISLAND BROOK DR
HENDERSONVILLE, TN 37075-6308

Pay To The Order Of _____ \$ _____
Date _____

VOID

Bank of America

For _____

:064000020: 444017104746 1001

I (we) authorize the above named Employer / Company to initiate credit entries to my Bank of America checking and / or Savings accounts indicated below and to credit the same to such account. I (we) acknowledge that the origination of the ACH transaction to my (our) account must comply with the provision of U.S. law.

Customer name: _____
Signature: _____
Date: _____