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: Paper Education Comp

Account type: SDDA Deposit amount: 100%

Account Number: 375024667345

State where opened: MI

ABA routing number: **072000805**

MICHAEL AVIOL	1001
MICHAEL AYISI	
3445 COLLEGE DR APT 17	
TOLEDO, OH 43607-4509	
Pay To The Order Of	\$
VOID	
TOID	Dollars
Bank of America 🌮	Dollars

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:	Michael Ayisi
Signature:	
Date:	11/09/2022