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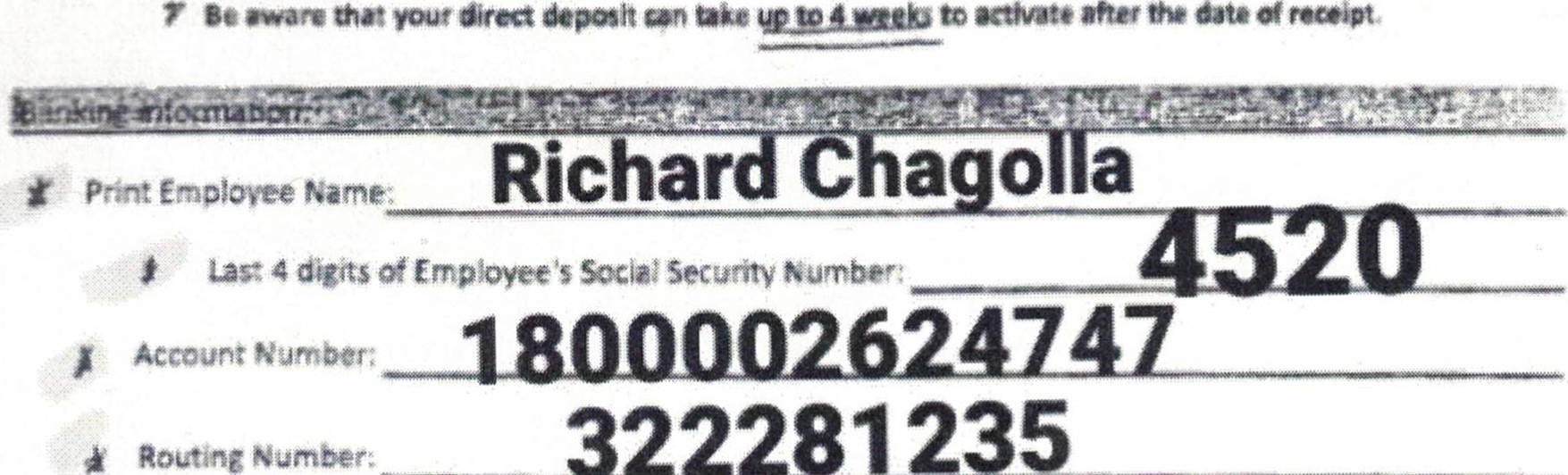
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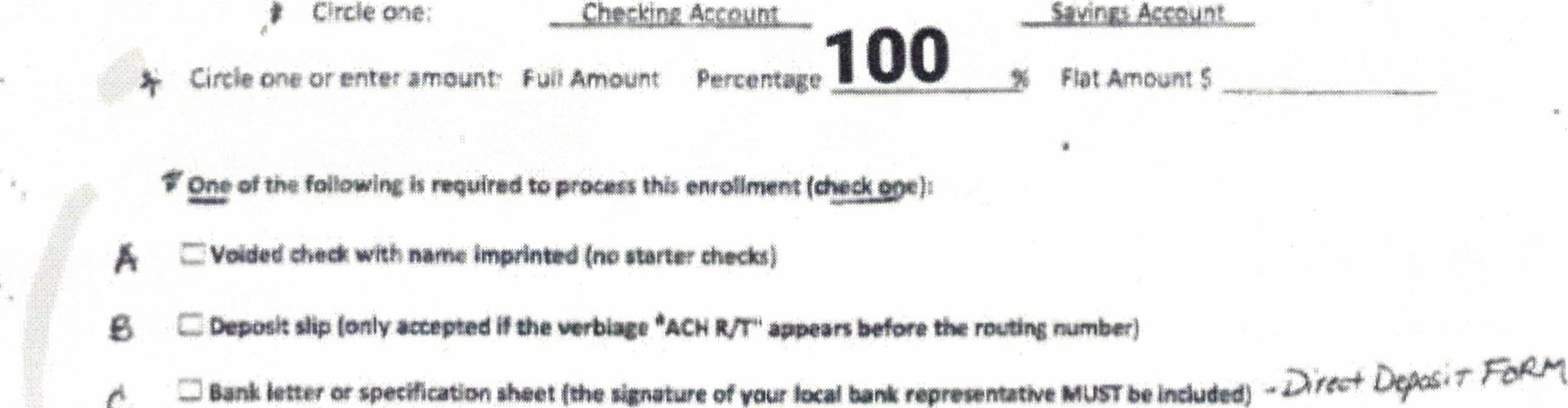
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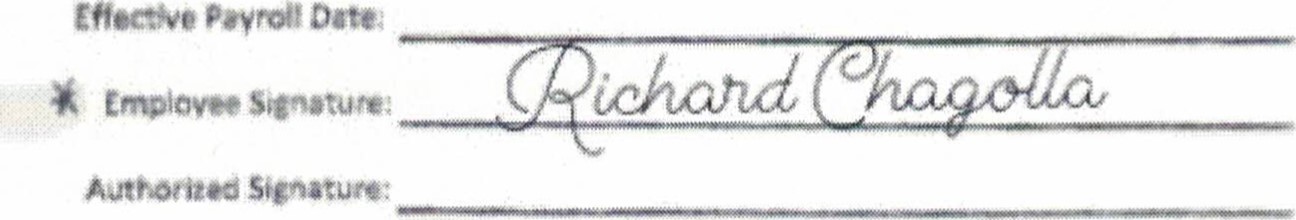
dreet depos!t transactions authorize compty wlth all applicable signature below indicates that am agreeing that am either the accounthoider •o' have the autfvrity to-authorize my employer to m•ke direct deposits into the named ecount. this form along with proper documentation MOSI be comp/ete in otdet process



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Alturas

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Date:

To: Company Originating Electronic (ACH) DebiÉ/Credits

From: Altura Credit Union

Information Required to Process Electronic (ACH) Transactions

The Altura Credit Union can process debits or credits for

Member's Name: RICHARD LEON CHAGOUA

@The Routing and Transit Number to use is: 322281235

Checking C] Savings The Account Number to use is; 1800002624747

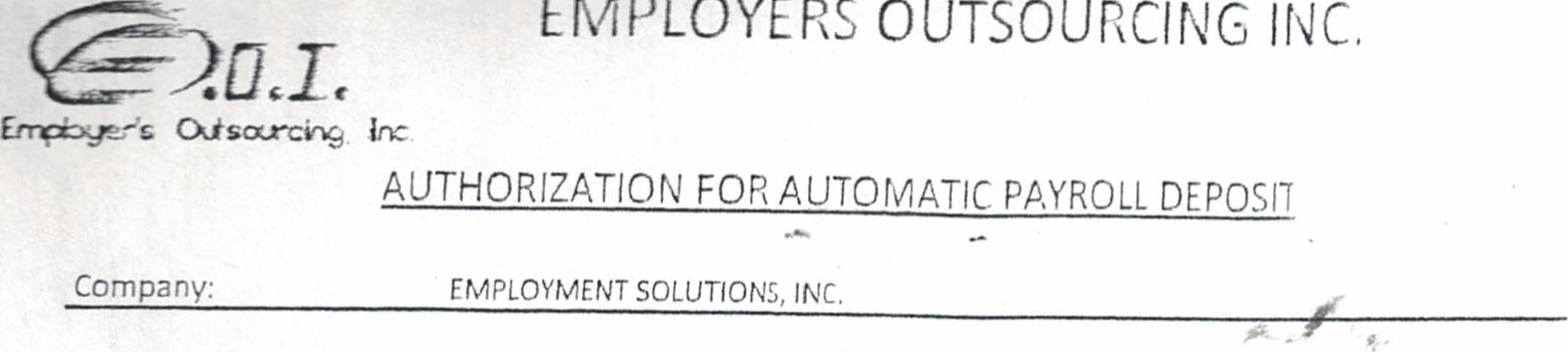
(13-digit MICR account number located on share ID)

Date: Member Signature:

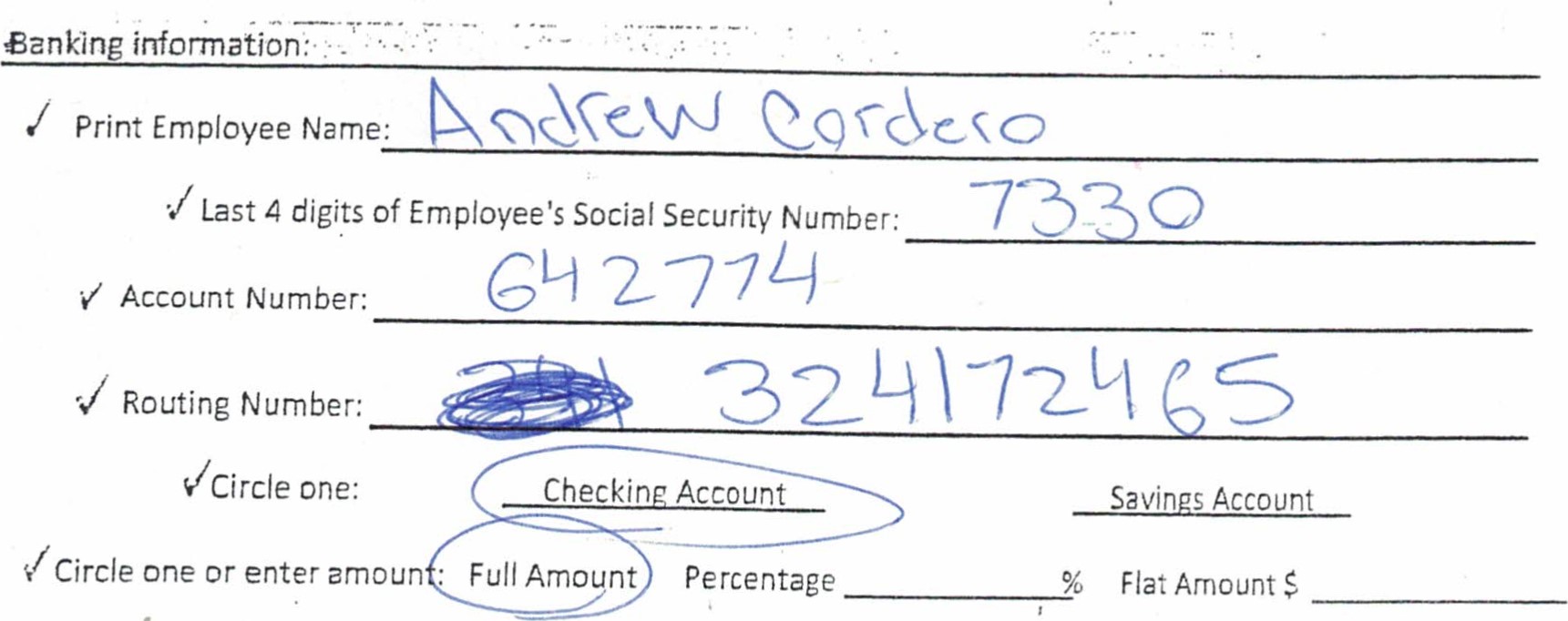
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| --- | --- |
| RICHARD LEON CHAGOUA  338 Olive Ave, Beaumont, CA 92223-2654  AltuFa | 07/22/2022 |
|  |  |

If you have any questions regqrding the process o! an Electronic payment or deposit;

•e\*pleasetall Altura payroll / ACH Coordinator at (838)



I authorize my employer to deposit my wages/salary into the bank accounts specified below. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority to authorize my employer to make direct deposits into the named account. This form along with proper documentation MUST be complete in order to process.



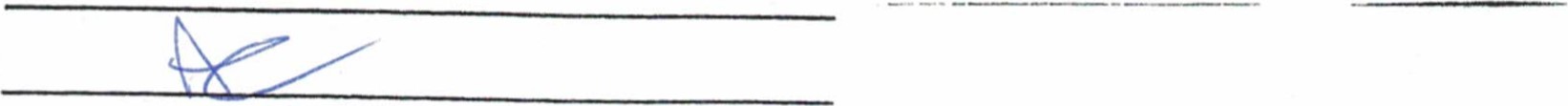
'J One of the following is required to process this enrollment (check one):

u Voided check with name imprinted (no starter checks)

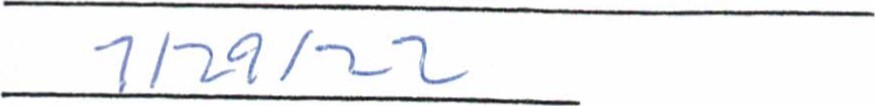
Deposit slip (only accepted if the verbiage "ACH Rim'i appears before the routing number)

Bank letter or specification sheet (the signature of your local bank representative MUST be included)

Effective Payroll Date:

Employee Signature:

Authorized Signature:

Date: 

REQUIRED: PLEASE PLACE YOUR CANCELLED CHECK WITH YOUR PRINTED NAME ON IT HERE.

IF YOU DO NOT HAVE CHECKS FOR THIS ACCOUNT, PLEASE ATTACH A COPY OF ANY ONE OF THE ACCEPTABLE DOCUMENTS LISTED ABOVE.

# Jun 30, 2022

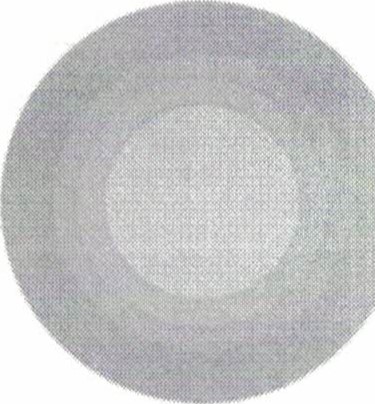
Andrew A Cordero Estrada 7550 Desert Holly St #911

Chino Hills, CA 91705

# Dear Andrew,

Thank you for using TruGrocer Federal Credit Union!

To set up Payroll Direct Deposit through ACH your employer will need the following information:

TruGrocer Federal Credit Union Routing Number: 324172465

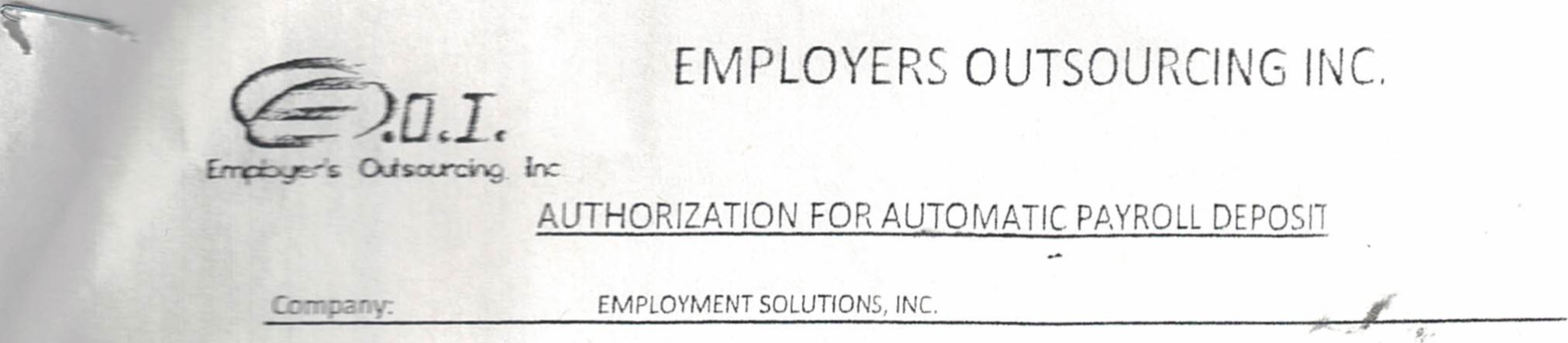
To Deposit to Savings (Your Member Number): 8800642770

To Deposit to Checking (Your Checking Account Number): 642774

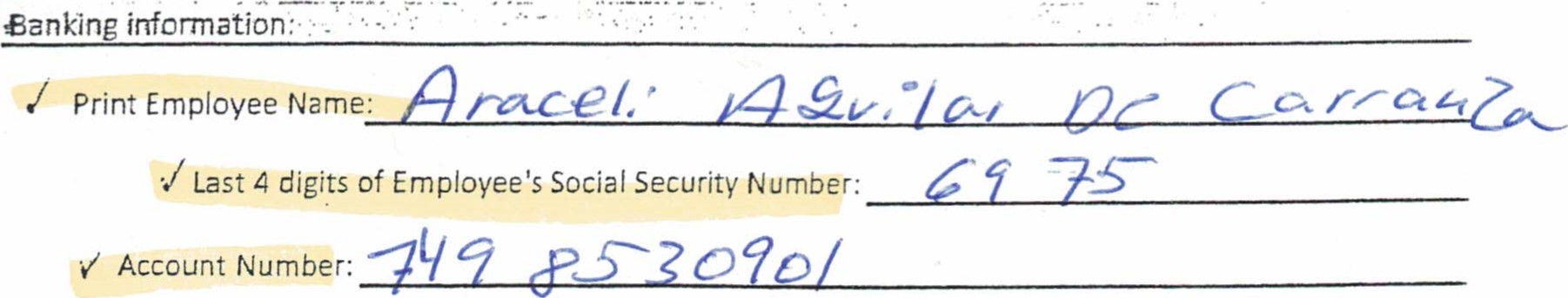
If you haven't already signed up for CU OnLine, enrollment is easy! Just visit

First time users sign up by clicking the information button for CU OnLine G). You will need your member number and your Electronic Teller PIN number. You then select a Username and Password as we confirm your identity and authenticate your account access. Your Username and Password will also give you access to your account using the TruGrocer Mobile App, which can be downloaded from Google Play or the Apple App Store. Please let us know if you have any questions,

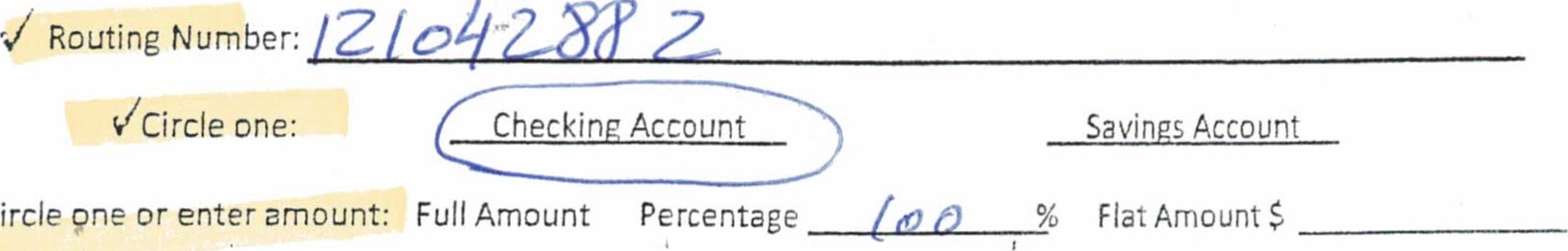
Your Membership Services Team



I authorize my employer to deposit my wages/salary into the bank accounts specified below. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority to authori>e. my employer to make direct deposits into the named account. This form along with proper documentation MUST be complete in order to process.



Savings Account



'Circle

% Flat Amount $

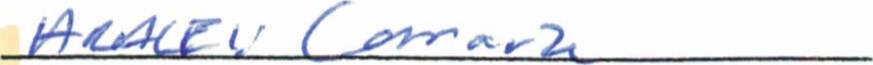
'J One of the following is required to process this enrollment (check one):

Voided check with name imprinted (no starter checks)

Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)

Bank letter or specification sheet (the signature of your local bank representative MUST be included) D i'vQECf

Effective Payroll Date: 

Employee Signature:

Authorized Signature:

Date:

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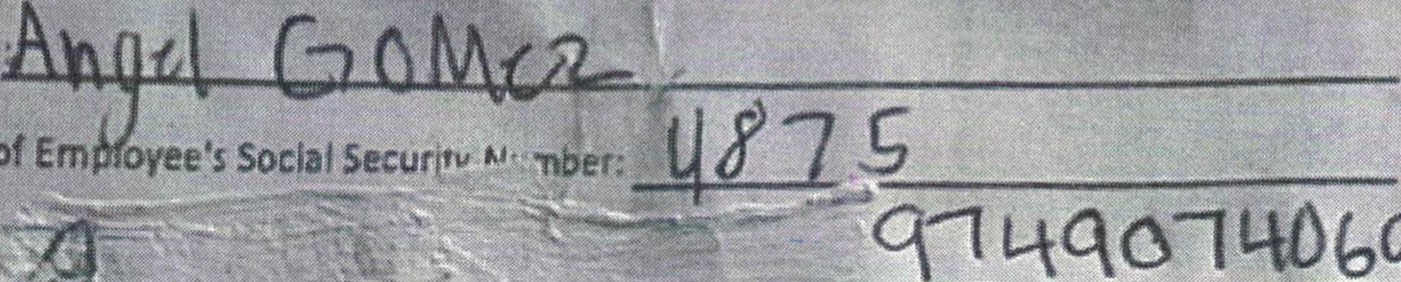
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Company: jNC.

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Routing

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Effective Payroll Date: v Employee Signature:

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OUTs0Uncll\Ic INC.

AUTOMATIC PAYROLL Company:

EMPLOYMENT SOLUTIONS INC.

authorize my employer to deposit my direct deposit transactions ! authorize comply w ary into the bank accounts specified below. agree that agreeing that j am either the accountholder ot have the pr:pet authority to authorize my employer to make direct

deposits into the named account, This form along with MUST be complete in order to

i Eanking infomation:•

Print Employee Name:

Last 4 digits of Employee's Social Security

't/ Account Number:

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Routing Number:

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| Che kin Account |
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uCircle one:Savings Account

Flat Amount $

ICircie one or enter amount: Full Amount ercentage

One of the following is required to process this enrollment (check one):

3.V.ekféd check with name imprinted (no starter checks)

Deposit slip (only accepted if the verbiage "ACH Put". appears before the routing number)

Bank letter or specification sheet (the signature of your local bank representative MUST be included)

D iC&Cf D5PD4iT

Effective Payroll Date;

Employee Signature:

Authorized Signature:

Date:

REQUIRED: PLEASE PLACE YOUR CANCELLED CHECK WITH YOUR PRINTED NAME ON IT HERE,

YOU DO NOT HAVE CHECKS FOR THIS ACCOUNT, PLEASE ATTACH A copy OF ANY ONE OF THE ACCEPTABLE DOCUMENTS LISTED ABOVE.

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| |  |  |  | | --- | --- | --- | | DERRICK BAILEY  11975 SUGAR CREEK CT  MORENO VALLEY CA 92557  Pay to the  Order of  Farmers & Merchants Banr  CajFomWs Fullerton Office fmbscom (855) 416-5747  For | Date | 1514  90-119/1222  oepasåt• |   Date;   |  |  | | --- | --- | |  | REQUIRED: PLEASE PLACE YOUR CANCELLED CHECK WITH YOUR PRINTED NAME ON IT HERE.  IF YOU DO NOT HAVE CHECKS FOR THIS ACCOUNT, PLEASE ATTACH A  COPY OF ANY ONE OF THE ACCEPTABLE DOCUMENTS LISTED | |

OUTSOURCING INC.

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AUTOMATIC PAYROLL



SOiaUtlONS. Company:

authorize my employer to deposit my wages/saiaty into the bank actounts specified be!ow, I atvee that direct deposft trgns3Ctions J authori?e Comply with all applicable law, My signature below indicates that Egreesnc that I am either the accountholder or have the authority to authoroe my employee to make deposits into the named account. ThiB form along with proper documenfatio{ MtJSi be complete in ordet to

Eankin information:

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outing Number; one or enter amoun •

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## REQUIRED: PLACE YOUR CANCELLED CHECK WITHYOVR

00 HAVE CHECKS FOR ACCOUNT, PLEASE ATTACH A



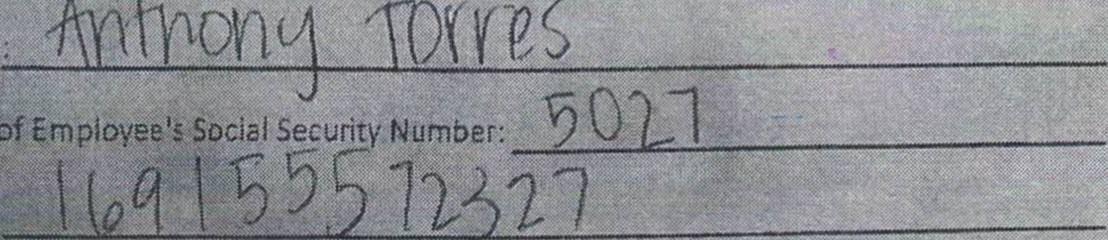
## OUTSOURCING

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| AUTO |  | PAYROLL DEPOSIT |

Company: EMPLOYMENT SOLUTIONS,

I authorize my employer to deposit my wages/saiary into the bank accounts specified below.G agree that direct deposit transactions J authorize comply with all applicabie law. My signature below indicates that agreeing that I am either the accountholder or have the authorityto authorize my employer to make direct deposits into the named account. Thi; form along with proper documentation MUST be complete in order to process.



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Deposit slip (only accepted tf the verbiage "ACH R/V appears before the routing number)

C) Bank letter or specffication sheet (the signature of your locat bank representative MUST be included)

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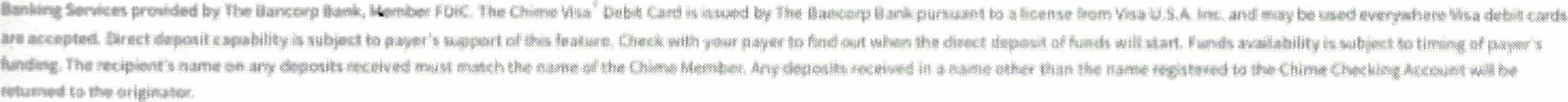
(844) 2446363 support@chimecorn

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|  | Ant,hony Torres  The Bancorp Bank |  |
| A3&ess | S Old Village PI, Sioux Falls. SD 57108 |  |
| Roueng | 031101279 |  |
| Account Nunber:  Amount | 169155572327 |  |
| Deposit my entire paycheck.. Deposit s of my | | Deposit % Of my |

## Direct Deposit Enrollment Form



paycheck paycheck.

Voided Check



Authorization

I authorize my employer/payer to initiate credit entries. and\* if necessary to initiate any debit entries to correct previous credst errors, to my Chime Checking Account This authority will remain in effect until notify my employec or other payer in Miting or as otherwise specified by my employer Of payee

 2022005

Signature Date