

### DIRECTIONS

- SECTION 1 (TO BE COMPLETED BY PAYEE)**

**SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)****SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

Financial institutions should refer to the GREEN BOOK for further instructions.

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

NSN 7540-01-058-0224

1199-207

**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)

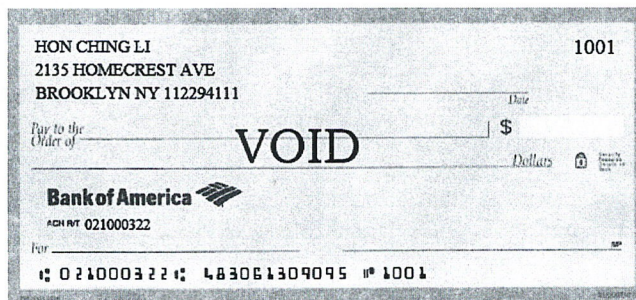
**Employer / Company Name:** \_\_\_\_\_

**Employer Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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 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 checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	State Acct Opened <u>NY</u>
Account Number	<u>4830 6130 9095</u>	
ABA Routing Number	<u>021000322</u>	
Deposit Amount	_____ % <b>OR</b> \$ _____ (Flat Amount)	



If monies to which I am not entitled are deposited to my account, I authorize the Employer / Company (issuer) to direct the financial institution to return said funds and I authorize the financial institution to act on the Employer / Company 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 Employer / Company and financial institution a reasonable opportunity to act on it.

<u>HON CHING LI</u>		
Name		
<u>2135 HOMECREST AVE</u>	<u>BROOKLYN NY 112294111</u>	
Address	City/State/Zip	
	<u>07/10/2025</u>	<u>646-589-2769</u>
Signature (required)	Date	Telephone 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.