

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) LI, Hon C.			D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS										
E DEPOSITOR ACCOUNT NUMBER			<input type="text"/>										
B NAME OF PERSON(S) ENTITLED TO PAYMENT LI, Hon C.			F TYPE OF PAYMENT (Check only one) <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> Fed. Salary/Mil. Civilian Pay</td> </tr> <tr> <td><input type="checkbox"/> Supplemental Security Income</td> <td><input checked="" type="checkbox"/> Mil. Active <u>U.S. Army</u></td> </tr> <tr> <td><input type="checkbox"/> Railroad Retirement</td> <td><input type="checkbox"/> Mil. Retiree _____</td> </tr> <tr> <td><input type="checkbox"/> Civil Service Retirement (OPM)</td> <td><input type="checkbox"/> Mil. Survivor _____</td> </tr> <tr> <td><input type="checkbox"/> VA Compensation or Pension</td> <td><input type="checkbox"/> Other _____ (specify)</td> </tr> </table>	<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay	<input type="checkbox"/> Supplemental Security Income	<input checked="" type="checkbox"/> Mil. Active <u>U.S. Army</u>	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retiree _____	<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor _____	<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other _____ (specify)
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C CLAIM OR PAYROLL ID NUMBER			G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)										
Prefix	Suffix		TYPE AMOUNT										
PAYEE/JOINT PAYEE CERTIFICATION			JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)										
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.										
SIGNATURE	DATE	SIGNATURE	DATE										
SIGNATURE	DATE	SIGNATURE	DATE										

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

GOVERNMENT AGENCY NAME <u>U. S. Army</u>	GOVERNMENT AGENCY ADDRESS <u>U. S. Army</u>
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	CHECK DIGIT
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
DEPOSITOR ACCOUNT TITLE			
FINANCIAL INSTITUTION CERTIFICATION			
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

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.

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)

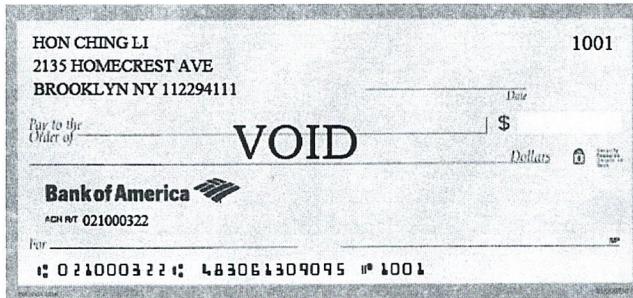
Employer / Company Name: _____

Employer Address	City	State	Zip
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I (we) authorize the above named **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	NY
Account Number	4830 6130 9095		
ABA Routing Number	021000322		
Deposit Amount	% OR \$	(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.

HON CHING LI Name		
2135 HOMECREST AVE	BROOKLYN NY 112294111	
Address	City/State/Zip	
	07/10/2025	646-589-2769
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.

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