

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:

Account type:

SDDA

Deposit amount:

100%

Account Number:

483050249072

State where opened:

NY

ABA routing number:

021000322

MELISSA J JOHNSON
1134 CHATHAM AVE SW
ATLANTA, GA 30311-2720

Pay To The Order Of _____ \$ _____
Date _____

VOID

Bank of America

For _____

:021000322: 483050249072 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: