

Print

Reset



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: Registrar-Recorder/County Clerk
 12400 Imperial Hwy., 2nd Floor Norwalk CA 90650

Employer Address City State Zip

I (we) authorize the above named **Company** to initiate credit entries to my **Bank of America** Checking and/or Savings accounts indicated below and to credit the same to such amount. 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
Account number	325123524287	
ABA Routing Number	121000358	
Deposit Amount	_____ % OR \$ 31.00 (Flat Amount) OR <input type="checkbox"/> Remaining	

Account type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	State Acct Opened
Account number	_____	
ABA Routing Number	_____	
Deposit Amount	_____ % OR \$ _____ (Flat Amount) OR <input type="checkbox"/> Remaining	

Account type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	State Acct Opened
Account number	_____	
ABA Routing Number	_____	
Deposit Amount	_____ % OR \$ _____ (Flat Amount) OR <input type="checkbox"/> Remaining	

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

OLCAY		SARI	
First Name	Middle Name	Last Name	
3611 Faris Dr	Los Angeles	CA	90034
Address	City	State	Zip
		631 569	9639
Signature (required)	Date	Tel 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.