

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)

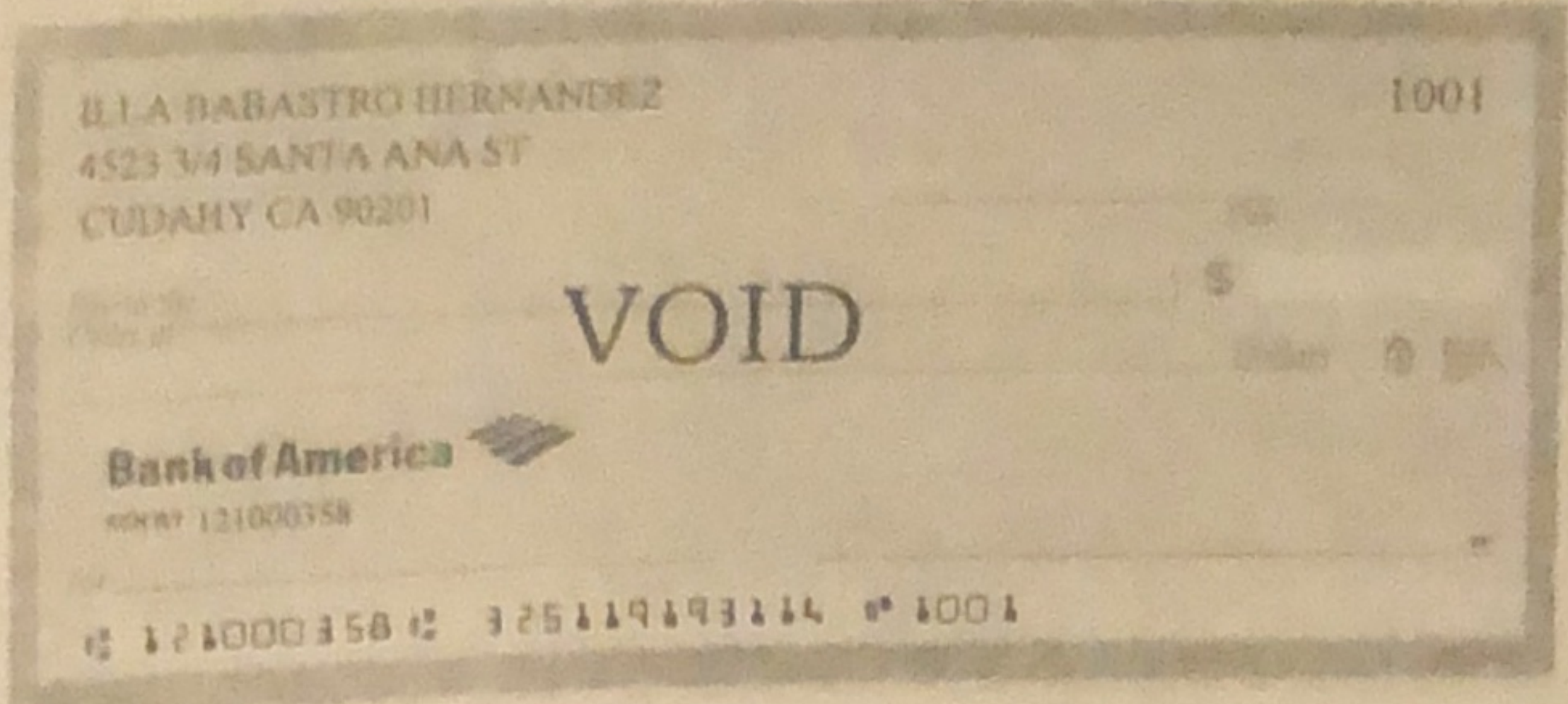
Employer / Company Name: _____

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	CA
Account Number	3251 1919 3114		
ABA Routing Number	121000358		
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.

ILLA BABASTRO HERNANDEZ
 Name
 4523 3/4 SANTA ANA ST
 Address
 CUDAHY CA 90201
 City/State/Zip
 12/04/2018
 Date
 323-383-4649
 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.