BANK OF AMERICA

BANK OF AMERICA, N.A. (THE "BANK")

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	[x] Checking [ ] Savings	State Acct Opened NY
Account Number	4831 0431 3553	
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.

KERVIN L MARTINEZ PLACERES
Name

34 CALLE PRINCIPAL — Address
1202 ESTADO MIRANDA — City/State/Zip

03/11/2024 — Date
585-210-6350 — Telephone Number

Signature (required)

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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