

**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)

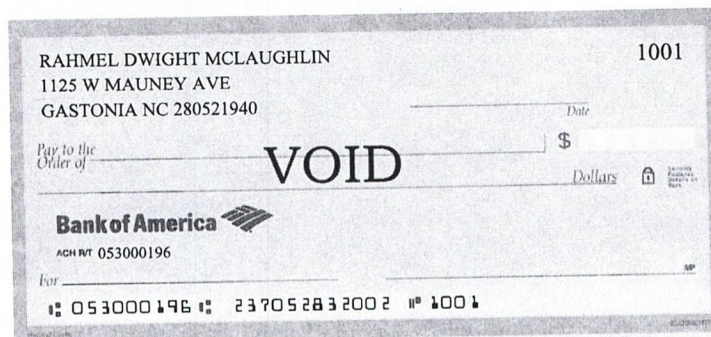
**Employer / Company Name:** \_\_\_\_\_

<b>Employer Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
-------------------------	-------------	--------------	------------

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 <u>NC</u>
Account Number	<u>2370 5283 2002</u>	
ABA Routing Number	<u>053000196</u>	
Deposit Amount	_____ % <b>OR</b> \$ _____ (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.

<u>RAHMEL DWIGHT MCLAUGHLIN</u>		
Name		
<u>1125 W MAUNEY AVE</u>	<u>GASTONIA NC 280521940</u>	
Address	City/State/Zip	
	<u>09/10/2024</u>	<u>479-522-7676</u>
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.