Bank of America

ACH Services
132 N. Broadway St.
Wichita, KS 67202-2104

Direct deposit enrollment request form/Payroll

Authorization agreement for automatic deposits (ACH credits)

Company (issuer) name:

I authorize the above named **Company** and financial institution to electronically deposit my net pay to the specified account each payday.

Select one: ☐ Checking ☐ Savings

Account number: ______________________________

ACH routing number: ______________________________

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. This authority will remain in effect until I have filed a new authorization, or until this authorization is revoked by me in writing, or upon termination of my employment with said **Company**.

First name	Middle initial	Last name	
Address	City	State	ZIP code
Daytime phone number		Social Security number	
Signature (required)		Date	

Staple a voided check or deposit ticket to this completed form and mail to the company.

Company name ______________________________

Company address ______________________________

City, State, ZIP code ______________________________