

# GENERAL PAYROLL DIRECT DEPOSIT AUTHORIZATION CARD

Controller, City of Los Angeles

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Dept. No.

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Social Security No.

PRINT – Last Name

First Name

MI

23  CHECKING

Transit Routing Number

33  SAVINGS

I:	3	2	2	0	7	8	4	9	3	I:
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Transit

ABA

CHECK DIGIT

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Bank Account Number

NOTE: WHEN COMPLETING ACCOUNT NUMBER INFORMATION, INSERT A HYPHEN (-) FOR EACH DASH CUE SYMBOL (III) CONTAINED IN THE FIELD

Name of Bank, Savings & Loan, or Credit Union <b>Los Angeles Police Federal Credit Union</b>		Branch	
Financial Institution Address <b>P.O. Box 10188</b>		City <b>Van Nuys</b>	State <b>CA</b>
			Zip Code <b>91410-0188</b>

- 63  NEW I hereby authorize the City Controller to deposit salaries/reimbursements to my account at the above named institution. I also authorize the Controller to initiate adjustments to my account, if required, for the sole purpose of correcting prior entries.
- 62  CHANGE I hereby request that you continue to deposit salaries/reimbursements payable to me but in the new account indicated above.
- 61  CANCEL I hereby request that my direct deposit authorization be discontinued.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Please forward this card, together with a deposit slip or a voided personal check, to the Controller's Office: 200 N. Main Street, Room 336, Los Angeles California 90012.