DIRECT DEPOSIT AUTHORIZATION

| EMPLOYEE NUMBER: | PROCESSING CENTER: |
|---|---|
| EMPLOYEE NAME: | |

☐ NEW

*I hereby authorize the Auditor of Los Angeles County, or his agents, to initiate deposits (and / or corrections to the previous deposits) to the financial institution indicated below. The institution is authorized to deposit and / or correct the amounts to my account.*

☐ REPLACE

*I hereby authorize the Auditor of Los Angeles County, or his agents, to replace the financial institution currently authorized by me to receive direct deposits with the institution indicated below.*

☐ CANCEL

*I hereby authorize the Auditor of Los Angeles County, or his agents, to cancel deposits to the financial institution currently authorized by me to receive direct deposits.*

| FINANCIAL INSTITUTION INFORMATION | | | |
|---|---|---|---|
| FINANCIAL INSTITUTION NAME: | L.A. FINANCIAL FEDERAL CREDIT UNION | | |
| FINANCIAL INSTITUTION ADDRESS | 224 N. FAIR OAKS AVENUE | | |
| FINANCIAL INSTITUTION CITY, STATE, ZIP: | PASADENA, CA 91103 | | |
| FINANCIAL INSTITUTION PHONE: | (626) 792-7441 | | |
| ID NUMBER: | | | EMPLOYEE ACCOUNT NUMBER: |
| 3 2 2 0 7 7 5 6 2 | | | |
| ☐ 1 CHECKING ☐ 2 SAVINGS | | | EFFECTIVE DATE: |

*This authorization cancels and replaces any previously signed by me and will remain in effect until cancelled by me by written notice, in such time and such manner as to afford the Auditor of Los Angeles County opportunity to act on it, or upon termination of my employment from Los Angeles County. I expressly understand and agree that the Auditor, his agents, or the County acting under this authorization shall not be liable in any manner for failure or delay in making the deposit and / or corrections to the previous deposits here authorized.*

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*Employee Signature* *date*

| *entered by:* | *date:* |
|---|---|

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