AUDITOR-CONTROLLER
DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE #	DEPARTMENT NAME	DEPT. CODE

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

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

FINANCIAL INSTITUTION NAME
F&A Federal Credit Union

FINANCIAL INSTITUTION ADDRESS
2625 Corporate Place

FINANCIAL INSTITUTION CITY, STATE, ZIP
Monterey Park, CA 91754

FINANCIAL INSTITUTION PHONE NUMBER
323-268-1226

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☐ **CHECKING ACCOUNT**
Attach a voided check. Please note: If financial institution is a credit union, all account information must be completed by the financial institution.

☐ **SAVINGS ACCOUNT**
All account information must be completed by the financial institution.

This authorization cancels and replaces any previous authorization signed by me and will remain in effect until canceled by me by written notice, in such time and such manner as to allow the Auditor-Controller of Los Angeles County the opportunity to act on it, or upon termination of my employment from Los Angeles County. I expressly understand and agree that the Auditor-Controller of Los Angeles County, or his agents 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.

Employee Signature_____Date:_____

DEPARTMENT PAYROLL USE: Verified By_____Date:_____

AUDITOR-CONTROLLER USE: ID Number_____Date:_____