



**(62) Change** – Please change the direct deposit information to reflect my new bank and/or account number indicated above. (Please leave old account open until change is implemented.) (The form on this web-site is pre-filled with LAPFCU’s routing number).

**(61) Cancel** – Please cancel the direct deposit of my payroll and mail future checks. (Do not close your account until cancellation is implemented.)

7. **Authorized Signature** – Your signature is mandatory, as you are authorizing the Controller’s Office to act on your request.

8. **Date** – Enter the date you completed this form.

Please complete, sign and mail form to LAPFCU, PO Box 10188, Van Nuys, CA 91410-0188, Attn.: Member Services.

# 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

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

**Los Angeles Police Federal Credit Union**

Branch

**O1 - VN**

Financial Institution Address

**P.O. Box 10188**

City

**Van Nuys**

State

**CA**

Zip Code

**91410-0188**

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 1208, Los Angeles California 90012.