

**AUDITOR-CONTROLLER
DIRECT DEPOSIT AUTHORIZATION**

| | | | |
|----------------------|------------|-------------|---|
| EMPLOYEE # | DEPT CODE* | UNIT CODE * | E-STUB* <input type="checkbox"/> YES <input type="checkbox"/> NO |
| EMPLOYEE'S LAST NAME | FIRST NAME | M.I. | |

*These fields are to be completed by Department Payroll Staff

- 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 INFORMATION | |
|--|---|
| FINANCIAL INSTITUTION NAME POPA Federal Credit Union | |
| FINANCIAL INSTITUTION ADDRESS 13304 Alondra Boulevard | |
| FINANCIAL INSTITUTION CITY, STATE, ZIP Cerritos, CA 90703 | |
| FINANCIAL INSTITUTION PHONE NUMBER 800.369.7672 | |
| BANK ACCOUNT ROUTING NUMBER | EMPLOYEE BANK ACCOUNT NUMBER |
| : 3 2 2 0 8 5 3 1 8 : | |
| <input type="checkbox"/> CHECKING ACCOUNT <i>Attach a voided check. Please note: If financial institution is a credit union, all account information must be completed by the financial institution.</i> | <input type="checkbox"/> SAVINGS ACCOUNT <i>All account information must be completed by the financial institution.</i> |

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: _____