

GENERAL PAYROLL DIRECT DEPOSIT AUTHORIZATION CARD

Controller, City of Los Angeles

Dept. No.	Social Security No.	PRINT — Last Name	First Name MI
23 <input type="checkbox"/> CHECKING	Transit Routing Number		
33 <input type="checkbox"/> SAVINGS	Transit	ABA	CHECK DIGIT
	Bank Account Number		

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

Name of Bank, Savings & Loan, or Credit Union	Branch		
Financial Institution Address	City	State	Zip Code

- 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, Room 1208, 200 North Main Street, Los Angeles, California 90012
CO-25 (R.4/86)