

Authorization for **AUTOMATIC DEPOSIT**

| CU SoCal Routing an | d Transit Numb | er 3222837 | '96 | |
|---|---------------------------------|-------------------|---------------|---------------------------------------|
| □ New □ Update □ Cancellation | | | | I Instructions SoCal use only) |
| ☐ ACH/Direct Deposit (deposited electronically). | | | | |
| ☐ Payroll Deduction (deposited by mail or courie days after your payday). SE | | ved several | | |
| DEPOSIT | DEPOSIT | | | |
| ☐ Full Pay <u>OR</u> | ☐ Checking OR | | | |
| ☐ Partial Pay \$ (amount) | □ Savings | | | |
| Member Information | | | | |
| MICR number: | | | | |
| Member name: | | | | |
| Employername—(L.A.County/PandaEmployees,completebelow*): | | | | · · · · · · · · · · · · · · · · · · · |
| To Payroll Supervisor: You are hereby authorized to forward my full/partial pay to Credit Union of Southern California (CU SoCal) for credit to my account(s). This authorization supersedes any previous authorizations and shall remain in effect until a written request to update or cancel is submitted by me to Credit Union of Southern California. | | | | |
| Member signature: | | | Date: | |
| CU SoCal Representative: | User | # | Date: | |
| Member —Please complete the d | istribution instru | ıctions belo | w for CU Sc | nCal |
| Check appropriate boxes for each line. | | | ightet could | aot |
| Add Delete Change Member # | ID sa ^{jind} | Check Mous | Summir Holida | Amount Amount |
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| *L.A. County/Panda Employees Only | | | | |
| Employee #: | Total Deduction Per Pay Period: | | | |
| | | \$ | | |