

Authorization for **AUTOMATIC DEPOSIT**

CU SoCal Routing and Transit Number 322283796												
New Update	e 🗆 Cancellation						Special Instructions (For CU SoCal use only)					
ACH/Direct Deposit (deposited electronically).												
Payroll Deduction (deposited by mail or courier and may be received several days after your payday). SEG groups only.												
DEPOSIT DEPOSIT												
□ Full Pay <u>OR</u>	□ Checking <u>OR</u>											
Partial Pay \$	(amount)	Savings										
Member Information												
MICR number:												
Member name:												
Employer name—(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	distri	butior	n instr	ructio	ns bel	low fo	r CU S	SoCa			
Check appropriate boxes for each line.								Laweine savet savet cashingt				
Add Delete Change	Member #		ID	Savil	chec	Mone	SUM	i' Holic	RA	Amount		
										\$		
										\$		
										\$		
										\$		
*L.A. County/Panda Employees Only												
Employee #: Tota \$						Deduction Per Pay Period:						