

Authorization for **AUTOMATIC DEPOSIT**

CU SoCal Routing an	nd Transit	Numb	oer 3	2228	3796				
□ New □ Update □ Cancellation	1					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				7				
☐ Full Pay <u>OR</u>	☐ Checking <u>OR</u>								
☐ Partial Pay \$ (amount)	□ Savings								
Meml	ber Inforn	nation							
MICR number:									
Member name:									
Employername—(L.A.County/PandaEmployees,completebelow*):									
To Payroll Supervisor: You are hereby authorized to forward my full/partial p to my account(s). This authorization supersedes any request to update or cancel is submitted by me to Co	, previous a	uthoriz	ations	and sh	nall rem				
Member signature:						Date:			
CU SoCal Representative:	User #					Date:			
Member —Please complete the d	distribution	n inetr	uctio	ne hal	ow fo	r CII (SoCa		
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Check appropriate boxes for each line.		caring	8 8	ind e	Market	net savet	say sayer	Amount	
Add Delete Change Member #	ID	Saul	Chec	Mol	Suff	Holl	RA	Amount	
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*L.A. County/Panda Employees Only									
Employee #:	Total D					Peduction Per Pay Period:			
	\$								