

TO: District Payroll Office

SUBJECT: DIRECT DEPOSIT AUTHORIZATION

NEW OR CHANGE          CANCEL

Name	Social Security No.
District	Work Telephone
Name of Bank / Credit Union / Savings & Loan	Branch No. / Location
Address of Bank / Credit Union / Savings & Loan	Telephone No. at Branch
Account Number	Checking                  Savings

I hereby authorize the above named District and the Los Angeles County Office of Education (LACOE) to debit corrections to previous deposit transactions, if necessary.

For NEW or CHANGE authorization, a \$0 test transaction is required.