

DIRECT DEPOSIT AUTHORIZATION FORM - ALL MEMBERS

Social Security Number	(Print) Last Name	First	M.I.

BEGIN Direct Deposit: Please deposit my retirement allowance directly in the account indicated below. I also authorize you to make corrections to my account to adjust for any errors in the deposit.

CHANGE Bank and/or Account: Please change the direct deposit information to reflect my new bank and/or account number indicated below. (Please leave old account open until change is implemented).

CANCEL Direct Deposit: Please cancel the direct deposit of my retirement allowance and mail future checks to my address below. (Do not close your account until cancellation is implemented).

IMPORTANT NOTE: This form must be received in our office on or before the 12th of the month for your request to take effect in the same month. If received after the 12th, it will take effect the following month.

Type of Account (Required)	
Checking Account – <i>Attach a voided or Cancelled check as verification</i> Savings Account – <i>Signature of approving Bank Officer required here</i>	(Bank Officer's Signature)

PLEASE ATTACH A VOIDED OR CANCELLED CHECK FOR DEPOSIT INTO A CHECKING ACCOUNT. IF YOU DO NOT HAVE A CHECK, PLEASE ATTACH A LETTER FROM YOUR FINANCIAL INSTITUTION.

Attach Voided or Cancelled Check

PLEASE COMPLETE THIS SECTION FOR DEPOSIT INTO A SAVINGS ACCOUNT. A BANK OFFICER SIGNATURE IS REQUIRED (ABOVE).

Transit Routing Number (Required)									
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In the **Transit Routing Number** box, please write in the nine-digit number that appears on the bottom-left corner of your deposit ticket between two symbols exactly like those in the first and last spaces of the box.

Account Number (Required)											

In the **Account Number** box, please write in all of the numbers that appear after the Transit Routing Number on your deposit ticket. Do not include any symbols that appear between the numbers.

Bank Information (Required)			
Name of Financial Institution		Date	Telephone Number
Address	City	State	Zip Code

Joint Account Holders (Required or N/A)			
Name of Joint Account Holder		Telephone Number	
Address	City	State	Zip Code
Name of Joint Account Holder		Telephone Number	
Address	City	State	Zip Code

Contacts in Event of Death (Optional)			
Name of Contact in Event of Death		Telephone Number	
Address	City	State	Zip Code
Name of Contact in Event of Death		Telephone Number	
Address	City	State	Zip Code

Authorized Signature and Information (Required)			
Authorized Signature		Date	Home Telephone Number
Address	City	State	Zip Code

For official use only	
Date posted:	Posted by:

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.