Long Beach City College Direct Deposit Authorization Form

Certificated Classified	New/Change Cancel
Compete, Print, Sign and return to Payroll Department	
Last, First, Middle Initial	Employee ID#
	Employee Work/Home Telephone
Campus Location LAC PCC	Employee Work/Home Telephone
Name of Bank, Credit Union or Savings & Loan	Branch
Bank, Credit Union or Savings & Loan Address	Bank, Credit Union or Savings & Loan Telephone
During of Carlot Carlot of Savings to Double Page 19	Zum, crous cman ar autings to Zaum receptions
DEPOSIT INTO:	
Checking Account (23)	Savings (33)
Account Number – Attach Voided Blank Check	Account Number – Attach Deposit Slip
Bank Transit Number – Have financial institution complete	

I hereby authorize LONG BEACH CITY COLLEGE to initiate deposits and /or corrections to t 0.8 efBEAna(n)cial (1) (in)sCintio d ab Tober I ohea (n)d3 (h):