



Please complete the form, print and sign. The form can be sent by mailing or via QR code.  
Address: LA Healthcare FCU, PO Box 17159, Los Angeles, CA 90017

# AUTHORIZATION FOR ELECTRONIC DIRECT DEPOSIT



I authorize my employer to electronically credit my account at:

LA Healthcare Federal Credit Union  
637 S Lucas Ave Suite 510  
Los Angeles, CA 90017

Employer:  Good Samaritan Hospital  St. Vincent's Hospital  Other \_\_\_\_\_

Routing #: 322078011

Dollar Amount to be Deposited: \_\_\_\_\_

Account #: \_\_\_\_\_

Checking: \_\_\_\_\_

Net Pay: \_\_\_\_\_

Savings: \_\_\_\_\_

Member Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

This authorization will remain in effect until my employer receives written notification from me that this request is terminated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Credit Union Use Only	
Credit Union Staff:	Date
Comments:	