



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:	