

Date:

Case Name:

Case Number:

Worker Name:

Worker ID:

Worker Phone Number:

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PLEASE READ THIS CAREFULLY

The information provided on this form will remain confidential and be kept by the Department of the Auditor-Controller on behalf of Los Angeles County. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of participant benefits or vendor payments through the Direct Deposit Program.

Return this form with the computer screen printouts attached by your Eligibility Worker or Contract Manager (if applicable) to the Auditor - Controller using the envelope provided to you. If you did not receive an envelope to mail this form, please return this form to:

**Los Angeles County Auditor-Controller
P.O. Box 7000
Downey, CA 90241-9907**

Instructions For Completing This Form

Print clearly and complete Section 1 of this form

- Write the Payee Name and/or Vendor Name exactly as it appears on the printout.
- Make sure the address on the printout provided by your Eligibility Worker (if applicable) is your current address. The County will reject applications if the address on the application does not match the printout.
- Write your Case Number and Payee ID exactly as it appears on the printout or if a Vendor, write your Taxpayer ID #.

Print clearly and complete Section 2 of this form (Have the Depository Institution complete this Section)

If you want your cash benefits or vendor payments deposited into your checking account, attach a voided personal/business check to this form, and write, "**VOID**" on the front of the check **OR** ask your Depository Institution to complete **Section 2**. If you want your cash benefits or vendor payments to be deposited into your savings account, or into any credit union account, (checking or savings) a representative from your Depository Institution **MUST** complete Section 2.

Participants Only

If the address on your check is different from your current address, cross out your old address and print your new address on your check. The address printed or handwritten on your check must match your application and the printout provided by your Eligibility Worker or Contract Manager if appropriate.

Cancellation

Direct Deposit will remain in effect until canceled by either yourself or DPSS. To stop Direct Deposit, call your Eligibility Worker or Contract Manager and request a PA 1675-3, Direct Deposit Cancellation Form. If you or your Depository Institution closes your bank account, you must report the account closure to avoid delays in receiving your benefits or payments.

Changing Depository Institutions

To change Depository Institutions for Direct Deposit, you must complete a Direct Deposit Cancellation Form and a new Direct Deposit Sign-Up Form. Return all forms with computer screen printouts (if appropriate) attached by your Eligibility Worker or Contract Manager, to the Auditor-Controller using the envelope provided to you. If you did not receive an envelope to mail the forms, please return them to:

**Los Angeles County Auditor-Controller
P.O. Box 7000
Downey, CA 90241-9907**

It is recommended that you maintain accounts at both Depository Institutions until the new Depository Institution receives the first Direct Deposit.