Electronic Funds Transfer Authorization Card

Los Angeles Community College District

Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐ Print Name _____ _____

F. Initial M. Initial

I hereby authorize the Los Angeles Community College District or its agents to initiate deposits (and/or corrections to previous deposits) to the financial institution below. The Institution is authorized to deposit and/or correct the amounts to my account. This authorization replaces any previously made by me and is to remain in effect until a new authorization card is submitted requesting termination. A change in account number will require a new authorization card. This authorization must be received in the Business Office four (4) weeks before the effective financial aid is disbursement date.

☐ New EFT ☐ Cancel EFT ☐ Change Account Number ☐ **Savings Account** ☐ **Checking Account**

Bank Name _____ **Branch** _____ **Bank Phone No.** _____

_____ _____ _____

College Date Student's Authorized Signature

DISTRICT/COLLEGE USE ONLY

Transit No. ☐☐☐☐ **ABA NO.** ☐☐☐☐ **Account Number Information** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

East L.A. College • L.A. City College • L.A. Harbor College • L.A. Mission College • L.A. Pierce College • L.A. Southwest College • L.A. Trade-Tech College • L.A. Valley College • West L.A. Colleg

Note: Submit this EFT form to the Business office with a voided check or a bank statement.

Electronic Funds Transfer Authorization Card

Los Angeles Community College District

Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐ Print Name _____ _____

F. Initial M. Initial

I hereby authorize the Los Angeles Community College District or its agents to initiate deposits (and/or corrections to previous deposits) to the financial institution below. The Institution is authorized to deposit and/or correct the amounts to my account. This authorization replaces any previously made by me and is to remain in effect until a new authorization card is submitted requesting termination. A change in account number will require a new authorization card. This authorization must be received in the Business Office four (4) weeks before the effective financial aid is disbursement date.

☐ New EFT ☐ Cancel EFT ☐ Change Account Number ☐ **Savings Account** ☐ **Checking Account**

Bank Name _____ **Branch** _____ **Bank Phone No.** _____

_____ _____ _____

College Date Student's Authorized Signature

DISTRICT/COLLEGE USE ONLY

Transit No. ☐☐☐☐ **ABA NO.** ☐☐☐☐ **Account Number Information** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

East L.A. College • L.A. City College • L.A. Harbor College • L.A. Mission College • L.A. Pierce College • L.A. Southwest College • L.A. Trade-Tech College • L.A. Valley College • West L.A. College

Note: Submit this EFT form to the Business office with a voided check or a bank statement.