STATE OF CALIFORNIA

STATE CONTROLLER'S OFFICE

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

FAM 34 (Rev. 11/25)

SECTION A

1. TYPE OF ENROLLMENT ACTION	2. ENTITY NAME	
1. ☐ NEW 2. ☐ CHANGE 3. ☐ CERTIFICATION 4. ☐ CANCEL	(Please fill out if "2. CHANGE" box is checked)	
	3. OLD FINANCIAL INSTITUTION NAME	4. OLD ACCOUNT NUMBER

SECTION B

1. TYPE OF ACCOUNT ☐ **C** (Checking) ☐ **S** (Savings)		
2. ROUTING NUMBER		3. DEPOSITOR ACCOUNT NUMBER
4. FINANCIAL INSTITUTION NAME		
5. BRANCH NUMBER OR NAME		Telephone Number
6. BANK CONTACT PERSON NAME	Email Address	Telephone Number
7. FINANCIAL INSTITUTION ADDRESS	Number and Street	City / State / Zip

SECTION C

1. CHECK APPROPRIATE BOX

☐ Authorize direct deposit of payments due the entity named in Section A into the designated account.

☐ Cancel direct deposit for the entity named in Section A.

2. CERTIFICATION

☐ I certify that the entire amounts authorized to be received by this account **are not** subject to be transferred to a foreign bank account. If this box is not checked, the State Controller's Office will issue all payments by warrant only.

AUTHORIZED SIGNATURE FOR THE ENTITY NAMED IN SECTION A	PRINT OR TYPE NAME
TELEPHONE NUMBER / EMAIL ADDRESS	DATE

GENERAL INSTRUCTIONS

- To enroll for direct deposit of payments by the State Controller's Office, complete Sections A, B, and C of this form.
- To change, certify, or cancel your existing direct deposit information, complete Sections A, B, and C of this form.
- Contact your financial institution for your routing number and depositor account number.
- Your direct deposit will continue to be deposited into your designated account at your financial institution until the State Controller's Office is notified that you wish to redesignate your account and/or your financial institution. To redesignate, complete and submit a new form with the new information. DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOUR FIRST PAYMENT IS DEPOSITED INTO YOUR NEWLY DESIGNATED ACCOUNT AND/OR FINANCIAL INSTITUTION.
- This authorization remains in full force and effect until the State Controller's Office receives written notification from the entity of its termination, or until the State Controller's Office terminates the agreement.

Return this completed form to: LRSLGPSD@sco.ca.gov