UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
PAYROLL EARNINGS DISTRIBUTION AUTHORIZATION
UPAY 702-2 (R5-07)

EMPLOYEE NAME (Last, First, M.I.)	EMPLOYEE ID	DEPT DISPO CODE	DATE

Please select Option I to authorize direct deposit of your payroll earnings. Options II, III, and IV please take action as requested.

☐ **OPTION I**: Direct Deposit – I hereby authorize (1) the University of California, San Francisco to deposit my net pay via electronic transfer of funds (ACH), (2) my financial institution to credit my net pay to my account, (3) to reverse ACH deposits up to 5 days after the pay date. This authorization will remain in effect until cancelled in writing or upon separation.

Automatic deposit of my net pay to my account at the following financial institution:

Attach Voided Check Here

Financial Institution: _____ Dept Use Only: Bank Table: _____

Address: _____
Street City State Zip code

Checking Account Number: _____ Transit Routing No._____
(Please attach a **voided check** to this authorization)

OR

Savings Account Number: _____Transit Routing No._____
(Please contact Financial Institution for Savings Account transit routing number or attach documentation as appropriate)

Your earnings statement (equivalent to your check stub) will be available on-line "At Your Service" http://atyourservice.ucop.edu. Automatic deposit takes approximately thirty days to become effective. In the meantime, you will receive your payroll check in your home department.

To OPT-OUT of the On-line Earnings Statement - Check here ( )

☐ **OPTION II**: Paper Check – Deliver check via campus/US mail. I understand that the Payroll Office will not replace lost payroll checks until five working days after the Payday.
Dept Use Only: CK/SP Mail Code_____ Department Pay Dispo Code _____

00 ☐ Campus Delivery Specified By Dept. (will be delivered to dept. box #)
98 ☐ Campus Address Specified By Employee Box #_____ (Box # other than dept. Box #)
99 ☐ U.S. Address _____

☐ **OPTION III**: CANCEL DIRECT DEPOSIT– Deliver check via campus mail to home department.

☐ **OPTION IV**: Change existing account information, process new account information as provided above. Automatic deposit takes approximately thirty days to become effective.

Employee Signature: _____ Date: _____

Department: _____ Work Phone: _____

STATE PRIVACY NOTIFICATION

The State of California Information Practices of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves: The principle purposes for requesting information on this form is to acquire authorization for payroll earnings distribution to a financial institution of the individual's choosing or to the individuals work address. University policy authorizes the maintenance of this information. Furnishing all information on this form is mandatory – failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Individuals have a right to view their own records in accordance with Staff Personnel Policy 605 and Academic Personnel Policy 160.