PAYROLL EARNINGS DISTRIBUTION AUTHORIZATION
UPAY 544A-1 (R8-03)

LAST NAME, FIRST	EMPLOYEE ID	DATE

Please select Option I, II, III, or IV to authorize your payroll earnings distribution and provide information as requested.

☐ OPTION I: Direct Deposit – I hereby authorize (1) the University of California, Berkeley to deposit my net pay via electronic transfer of funds and (2) my financial institution to credit my net pay to my account. 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: _____

Address: _____
Street City State Zip code

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

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

Check here to view your statement **ONLINE** ☐ **OR** Check here to receive a **PAPER STATEMENT** ☐

Signature: _____Date: _____

Your Direct Deposit earnings statement (equivalent to your check stub) will be delivered to your home department. Automatic deposit takes approximately thirty days to become effective. In the meantime, you will receive your payroll check at your home department.

☐ OPTION II: **Paycheck Issuance** – Receive check from my home department.

☐ OPTION III: **CANCEL DIRECT DEPOSIT** – Receive check from my home department.

☐ OPTION IV: **Change existing Direct Deposit** account information, process new account information as provided above.

For Department Use Only Dispo 2 – Authorized Pick up Code _____

Signature: _____ Date of Birth: _____

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.