

# PAYROLL EARNINGS DISTRIBUTION AUTHORIZATION

UPAY 544A-1 (R3/93) E0443



Please Print or Type

NAME (LAST, FIRST, MIDDLE)	EMPLOYEE NO. (4-12)	DATE (13-18)

Please select **OPTION I** or **OPTION II** regarding your payroll earnings distribution and provide the information requested.

**OPTION I:** SurePay — Automatic deposit of my net pay to my account at the following financial institution:

Name: \_\_\_\_\_  
FINANCIAL INSTITUTION BRANCH

Address: \_\_\_\_\_  
NO. STREET CITY STATE ZIP

Account No: \_\_\_\_\_ Type:  Checking\*  Savings

\* **YOU MUST** attach a deposit slip to this authorization

ATTACH DEPOSIT SLIP

Your SurePay earnings statement (equivalent to your check stub) will be delivered to your home department.

**A NEW AUTHORIZATION MUST BE COMPLETED IF YOU CHANGE ACCOUNTS, CLOSE YOUR ACCOUNT, OR CHANGE INSTITUTIONS. FAILURE TO DO SO CAN CAUSE A DELAY IN RECEIVING PAY.**

Automatic deposit takes approximately thirty days to become effective. In the meantime, you will receive your payroll check in your home department.

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.

SIGNATURE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**OPTION II:** Check issuance — deliver a check via campus mail to my home campus department \_\_\_\_\_

NAME OF DEPARTMENT

SIGNATURE

WORK PHONE

BIRTHDATE

**FOR PAYROLL USE ONLY**

<b>I</b>	1-2	DISPO 19	SP BANK KEY 20-24	SUREPAY ACCOUNT NO. 25-41	C/S 42	PRENOTE IND 43	M/H 47	DEPT. KEY 48-52
	<b>SP</b>	<b>8</b>				<b>1</b>		

<b>II</b>	1-2	DISPO 19	DEPT. KEY 20-24
	<b>P9</b>		

RETN: 1 year after inactive or modified  
 BUSINESS SERVICES — PAYROLL OFFICE

**STATE PRIVACY NOTIFICATION**

The State of California Information Practices Act 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 purpose 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 individual's 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. The office responsible for maintenance of the information on this form is the Financial Services Office.