

Unrepresented Student Payroll Earnings Distribution Authorization

UPAY 544B-2 (R7-11)

Unrepresented Students (Personnel Policy, 99) must choose an electronic payment method. Please provide UPAY 544A-1 Payroll Earnings Distribution form to represented students.

Last Name First Name Employee ID Date

Please select Option I, II, or III 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. Direct Deposit takes approximately thirty days to become effective. In the meantime, any payments will be issued via paper check.

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

Financial Institution _____

Address _____

Street _____

City _____ State _____ ZIP _____

Checking Account Number _____ Transit Routing Number _____

(Please attach a **voided check** to this authorization)

Savings Account Number _____ Transit Routing Number _____

(Please contact Financial Institution for Savings Account transit routing number or attach documentation)

Attach voided check here

OPTION II

TotalPay Card:

I understand that I will receive my net pay via electronic transfer of funds onto a reloadable VISA debit card (certain fees apply to the TotalPay card). [More information may be found on the Payroll website.](#)

An ADP TotalPay card enrollment form may be completed online via blu.berkeley.edu.

1. Login to blu.berkeley.edu (CalNet ID required)
2. Click **People** at the top of the page.
3. In the **Self Service** area, select **ADP TotalPay Card Enrollment**.

Hardcopy of enrollment may be completed and faxed in. [Paper enrollment form is available on the Payroll website.](#)

OPTION III

Change existing Direct Deposit account information:

Process new account information as provided above.

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.