

*Indicates Required Fields

The purpose of this form is to obtain employee authorization to receive a pay card for payment within the day, due to the employee not receiving full payment on their scheduled pay cycle. Click to access <u>form instructions</u>.

SECTION 1. KEY INFORMATION - EMPLOYEE

Employee ID #* (8 Digits) La	st Name*	First Name*		M.I.
Mailing Address* (U.S. address only; P.O. Box is not allowed)		Mailing Address	Mailing Address #2 (Bldg, Apt, Ste)	
City*		State*	Zip Code*	
			-	
Contact Phone (numbers only; no spaces	s) Email			

SECTION 2. ELECTRONIC PAYMENT CONSENT

I elect to receive pay outside of my scheduled pay cycle through a pay card.

I confirm that my authorization to be paid through a pay card is fully voluntary. I acknowledge that I have received information corresponding to pay card fees, the cardholder agreement and the privacy notice. I understand that, by signing this form, I will need to accept and agree to the cardholder agreement and to pay any fees as indicated on the fee schedule.

Note: I understand that I do have the option to receive a paper paycheck for my payments.

SECTION 3. CONSENT OF DEPOSIT WAGES

I authorize the University of California to initiate credits and/or debits to my pay card account. Debits shall be initiated only to effect appropriate adjustments against a prior credit made for the same pay date. Debit transactions are limited to reductions for university salary overpayments and to respond to mandatory court orders. I understand that I can change my election at any time by contacting the University of California, and once the cancellation is effective, if I choose paper check, all future payments will be made by paper check mailed to my home address. I will verify my address and other personal information using Employee Self-Service.

I understand that this authorization replaces any previous authorizations and will remain in full force and effect, until the University of California has received notification from me. After notification, it may take up to two pay periods to take effect, subject to banking and payroll deadlines.

SECTION 4. AUTHORIZATION

Employee Signature*	Date*

The retention schedule for this form can be found at http://recordsretention.ucop.edu/.