



# UC SANTA CRUZ DIRECT DEPOSIT FORM

Use this form only to authorize or change direct deposit for payroll payments.

PROCESS IN

PLEASE CHECK ONE:  New Agreement  
 Change to Existing Agreement

NAME: Last, First MI (please print)

EMPLOYEE ID NO. (4-12) 7 EFFECTIVE DATE (13-18)  
(Find your Emp. ID at <https://nts-prod-web-1.ucsc.edu/infcom/getempid.cfm>)

DEPARTMENT ADDRESS:

Please select ONE of the following options below:

## DIRECT DEPOSIT

PLEASE NOTE: Direct deposit will be effective approximately 30 days from the date this form is received by the Payroll Office. Any paychecks issued to you in the interim will be sent to the Department Address indicated at the top of this form. Once direct deposit is in effect, an earnings statement will be available at <https://atyourserviceonline.ucop.edu/ayso> unless if you opt to receive a printed earnings statement.

### INSTRUCTIONS:

The following instructions, numbered 1 through 4, refer to the corresponding sections, numbered 1 through 4, of the Direct Deposit agreement, below.

1. Check the appropriate box to indicate checking or savings account.
2. Complete bank or financial institution name, branch, account number, address, city, state and zip code.
3. Date and sign the agreement.
4. YOU MUST attach a current voided check or deposit slip\* below, or this form cannot be processed.
  - Please notify the Payroll Office IMMEDIATELY if you close your bank account or change banks.

### AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize the University of California, Santa Cruz, hereinafter called COMPANY, to initiate credits and/or debits at the bank indicated below, hereinafter called BANK, to credit or debit the amounts thereof to my account indicated below.

1. PLEASE CHECK APPROPRIATE BOX:  CHECKING  SAVINGS
2. Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Branch: \_\_\_\_\_ City: \_\_\_\_\_  
Account No: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This authority is to remain in full force and effect until BANK has received written notification from me of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it; or until BANK has sent me ten (10) days written notice of BANK's termination of the arrangement.

3. Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(13-18)

4. STAPLE VOIDED CHECK OR DEPOSIT SLIP\* WITH PRE-PRINTED TRANSIT/ROUTING NUMBER AND ACCOUNT NUMBER IN THE SPACE INDICATED BELOW. Please notify the Payroll Office IMMEDIATELY if you close your bank account or change banks.

FOR ACCOUNTING OFFICE USE ONLY					
ID (1-2)	Chk Dsp (19)	Bank Table Key (20-24)	Account No (25-41)	Chk/Sav (42)	Prenote Indic (43)
SP	8				1

TO BANK: As provided above, your depositor has authorized us to initiate credits to you and you to credit his/her account as specified. So that you may comply with this authorization, we agree that these arrangements shall be subject to the Automated Clearing House rules, as they may be in effect from time to time, and we recognize your status as a participating bank.

Company Name: University of California, Santa Cruz

FOR DEPOSIT  
(FROM ABOVE):

STAPLE VOIDED CHECK  
OR DEPOSIT SLIP \*  
WITH  
PRE-PRINTED  
TRANSIT/ROUTING  
NUMBER AND ACCOUNT  
NUMBER HERE

Submit completed form to:

Attn: Payroll Office  
Mail Stop: Accounting Office

\* Must submit a voided check if your deposit slip states "Not for use for automatic payment or check transactions".