



UNIVERSITY OF CALIFORNIA, IRVINE
EARNINGS DISPOSITION FORM
 UPAY 702-9 (R 03/06)

EMPLOYEE NAME (LAST, FIRST, M.I.)	EMPLOYEE ID NO. (4-12)	ACCOUNTING ONLY

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS: DIRECT DEPOSIT OR DEPARTMENTAL PICKUP

<p align="center">DIRECT DEPOSIT</p> <p>Check One:</p> <p><input type="checkbox"/> Checking Account</p> <p align="center">- Or -</p> <p><input type="checkbox"/> Savings Account</p> <hr/> <p>ATTACH A VOIDED CHECK HERE</p>	<p>Financial Institution Name: _____</p> <p>Branch Name: _____ Account No.: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>I authorize the University of California, Irvine to initiate credits for my net pay, expense reimbursements and other non-payroll payments, and for my financial institution to credit my account. I also authorize the University to initiate debit entries, but only to effect appropriate adjustments against a prior credit made for the same pay or settlement date. I understand that debit transactions are limited to reductions for university salary overpayments, erroneous non-payroll payments and to respond to mandatory court orders. Debits may be initiated after the pay/settlement date, and the result of the credit less the debit will be the net amount to which I am entitled and will be no different from the net amount I would have received had the electronic funds transfer method not been selected and a check had been printed. I understand that I must inform the Payroll Office of a change of my bank account number and/or the closing of my account.</p> <p>Effective Date: Electronic funds transfer will be effective within 2 pay dates from the date this form is received by the Campus Payroll Office. Until my direct deposit becomes effective, my pay will be made by paper check and delivered to the department listed below.</p> <p>Earnings Statement: I understand that the University will deliver my statement electronically at https://ucfy.ucop.edu on or before each pay date.</p> <p align="center">If you wish to receive a paper earnings statement, please fill out the section below</p> <div style="border: 1px solid black; padding: 5px;"> <p>Election to receive/cancel a paper earnings statement for an employee participating in direct deposit:</p> <p><input type="checkbox"/> I wish to receive a paper earnings statement. I understand that my request, depending on processing schedules, may take up to two pay periods to become effective.</p> <p><input type="checkbox"/> I wish to withdraw my previous election to receive a paper earnings statement and wish to access my earnings statement through https://ucfy.ucop.edu. I understand that my request, depending on processing schedules, may take up to two pay periods to become effective</p> </div> <p>Signature: _____ Date: _____ Phone No.: _____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> DEPARTMENT NAME: </div>														
- FOR ACCOUNTING OFFICE USE ONLY -															
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:12.5%;">TRANS CODE</th> <th style="width:12.5%;">DISPO CODE</th> <th style="width:12.5%;">BANK TABLE</th> <th style="width:12.5%;">EMPLOYEE BANK ACCOUNT NUMBER</th> <th style="width:12.5%;">CHECK / SAVINGS</th> <th style="width:12.5%;">PRE - NOTE</th> <th style="width:12.5%;">DEPARTMENT CODE</th> </tr> </thead> <tbody> <tr> <td>SP</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		TRANS CODE	DISPO CODE	BANK TABLE	EMPLOYEE BANK ACCOUNT NUMBER	CHECK / SAVINGS	PRE - NOTE	DEPARTMENT CODE	SP	8					
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<p align="center">DEPARTMENTAL PICKUP</p>	<p>I choose to have my payroll check delivered to the department indicated below:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> DEPARTMENT NAME: </div> <p>Signature: _____ Date: _____ Phone No.: _____</p> <p align="center">- FOR ACCOUNTING OFFICE USE ONLY -</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:33%;">TRANS CODE</th> <th style="width:33%;">DISPO CODE</th> <th style="width:33%;">DEPARTMENT CODE</th> </tr> </thead> <tbody> <tr> <td>SP</td> <td>8</td> <td></td> </tr> </tbody> </table>	TRANS CODE	DISPO CODE	DEPARTMENT CODE	SP	8	
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Privacy Notification

State

The State of California Information Practices Act of 1977 (effective July 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal purpose for requesting information on this form is to acquire authorization to initiate credits for net pay, expense reimbursement and other non-payroll payments to a financial institution of the individual's choosing. 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, Administrative and Professional Staff Policy 160, Management and Professional Program Policy 60, Executive Program Policy 20 and Academic Personnel Policy 160. Information on these policies may be obtained from Staff and Academic Personnel Offices at the Campuses or the Office of the President.

The office responsible for maintenance of the information on this form is the Accounting/Payroll Office.