

LAST NAME (Please Print)

FIRST

M.I.

SOC. SEC. NO. / ACCOUNT NO.

**U.C.DAVIS / MED CENTER Payroll Deduction Authorization**  
**GOLDEN 1 CREDIT UNION**

P.O. BOX 15966 Sacramento, CA 95852-0966

**PAY PERIOD**☐ MONTHLY ONLY☐ BI-WEEKLY

I hereby authorize the University of California to deduct each month from my earnings as an employee of the Regents of the University of California and to submit this amount to Golden 1 Credit Union for credit to my account. I understand that I may cancel this deduction at any time. I understand this authorization shall remain in effect until revoked by me, allowing up to 30 days time to change the payroll records in order to make effective any changes in this assignment. This authorization does not cover deductions for any time prior to the payroll period in which the initial deduction is made. This agreement may be revoked by the University in the event that the eligibility of the Credit Union is withdrawn or upon the termination of my employment with the University. I understand further and agree that neither The Regents of the University of California nor any officer or employee thereof shall be held responsible or liable for any inadvertence or error in withholding or transmitting payroll deduction to the Credit Union or for any change in the rules or regulations of the Credit Union, except for monies actually withheld and not transmitted in the event there are insufficient earnings to cover all required and authorized deductions, including those required legally. I understand that deductions will be taken in the order of priority assigned by the University and no adjustment will be reason of insufficient earnings.

TRAN CODE	SOCIAL SECURITY NUMBER											EFFECTIVE DATE			ELEMENT NUMBER	BAL. CD	MONTHLY AMOUNT								
1	2	4										12	13		18	19		22	23	24					30
															MO	DY	YR								
X	1																	6	1	8	4	G			

SIGNATURE

DATE

\$ TOTAL MONTHLY DEDUCTION

**GOLDEN 1 CREDIT UNION****DEDUCTIONS NOT LISTED WILL BE DELETED**

NAME (Please Print) LAST FIRST M.I.

SOC. SEC. NO. / ACCOUNT NO.

EMPLOYER

DAY PHONE NUMBER

EFFECTIVE DATE INITIAL

**PLEASE READ AND SIGN BELOW:**

I have authorized the above agency to deduct and transmit the amount required for my loan payment(s) and/or the amount specified above for shares from my salary to Golden 1 Credit Union. If the amount for my loan payment(s) is not deducted from my salary, it will be my responsibility to make the payment. This authorization will remain in effect until cancelled by myself. Member must maintain \$1.00 in Regular Shares to qualify for payroll deduction.

**SHARES:** \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**RELATED ACCTS:** \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**LOANS:** \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**RELATED ACCTS:** \_\_\_\_\_ \$ \_\_\_\_\_**CHECKING:** \_\_\_\_\_ 9 \$ \_\_\_\_\_**RELATED ACCTS:** \_\_\_\_\_ \$ \_\_\_\_\_**TOTAL DEDUCTION PER PAY PERIOD:** \$ \_\_\_\_\_

SIGNATURE

DATE

**Credit Union Use Only****PAY PERIOD**  
☐ MONTHLY ONLY  
☐ BI-WEEKLY☐ NEW  
☐ CHANGE  
☐ DELETE**Payroll Dept. Use Only:**

Entered By: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Branch: \_\_\_\_\_

Initial: \_\_\_\_\_

Date Received: \_\_\_\_\_