



University of California San Francisco (UCSF) Payroll Deduction Authorization Card

PLEASE PRINT OR TYPE

NAME (Please Print)	LAST	FIRST	M.I.	Golden 1 Credit Union ACH Payment Services Department P.O. Box 15966 Sacramento, CA 95852-0966
SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER		E-MAIL ADDRESS	
DEPARTMENT	EXTENSION		ACCOUNT NUMBER	

AUTHORIZATION This is an Initial Authorization Change

Effective with my pay check dated _____, 20____, contingent upon meeting payroll deadlines, 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 deposit this amount with **Golden 1 Credit Union** for credit to my account. I understand that I may cancel this deduction at any time.

I understand that 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 This agreement may be revoked by the University in the event that the eligibility of the credit union is withdrawn or upon the termination of my employment with the University.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 deductions 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 made by reason of insufficient earnings.

DATE SIGNATURE

CANCELLATION

Effective with my pay check dated _____, 20____, contingent upon meeting payroll deadlines, I authorize the University of California to cancel the deductions of \$ _____ from my earnings each pay period for deposit with **Golden 1 Credit Union**.

DATE SIGNATURE

TO BE COMPLETED BY THE ACCOUNTING OFFICE

TRANS CODE	EMPLOYEE I.D. NO.	DATE	ELEMENT NO.	BAL CD	AMOUNT
1 2 4	12	13 MO. DAY YR 18	19 22	23 24	30
X 1			6 0 7 8	G	

GOLDEN 1 CREDIT UNION

EMPLOYEE NUMBER _____

NAME (Please Print) LAST FIRST M.I. _____

SOC. SEC. NO. / ACCOUNT NO. _____

EMPLOYER _____

DAY PHONE NUMBER _____

E-MAIL ADDRESS _____

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.

SIGNATURE

DATE

WEEKLY SEMI-MONTHLY
 BI-WEEKLY MONTHLY

NEW
 CHANGE
 DELETE

ACH-24 (11-07)

DEDUCTIONS NOT LISTED WILL BE DELETED

	ACCOUNT #	SUB	SUF.	AMOUNT
SHARES:	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
RELATED ACCTS:	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
LOANS:	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
RELATED ACCTS:	_____	_____	_____	\$ _____
CHECKING:	_____	_____	9	\$ _____
	_____	_____	_____	\$ _____
TOTAL DEDUCTION PER PAY PERIOD:				\$ _____

Credit Union Use Only

ACH Payment Services Only:	Branch: _____
	Entered By: _____
	Date Entered: _____
	Initial: _____
	Date Received: _____