

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.

Table with columns: TRAN CODE, SOCIAL SECURITY NUMBER, EFFECTIVE DATE, ELEMENT NUMBER, BAL. CD, MONTHLY AMOUNT. Includes handwritten values: 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

Table with columns: ACCOUNT #, SUB, SUF., AMOUNT. Includes rows for SHARES, RELATED ACCTS, LOANS, CHECKING, and TOTAL DEDUCTION PER PAY PERIOD.

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.

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: