



ACCOUNTS PAYABLE DIRECT DEPOSIT REQUEST (EFT - NON-PAYROLL)

Check one of the following:

- NEW** direct deposit (See remarks "*")
- CHANGE** direct deposit
- CANCEL** direct deposit

We must have a complete form to process your request. (Please keep copy for your records.)
Complete the following information and return the original form to:

University of California San Francisco
Accounting Office – Accounts Payable – Box 0812
San Francisco, CA 94143-0812

- **Current payroll Surepay participants are automatically enrolled and do not have to submit this form to receive A/P direct deposit.**
- **A/P direct deposit records will be updated whenever Surepay checking account information or pay disposition address is changed.**

Last Name: _____ First Name: _____ Middle Initial: _____ Employee # _____
 Social Security Number: _____ - _____ - _____
 Home telephone number: _____ - _____ - _____ Work Phone: _____ - _____ - _____
 E-mail Address: _____ @ _____ . _____
 Department: _____

***** Sign here if CANCELLING existing Accounts Payable Direct Deposit *****

Signature _____ Date _____

***** For establishing new A/P account or changing existing A/P account, complete the information and sign below. *****

Checking account number : _____
 Financial Institution : _____
 Branch Address : _____ City _____ State _____ Zip _____

I authorize deposit of my payment in the account and financial institution noted above.

Mailing address : _____ City _____ State _____ Zip _____
(to be used in mailing out EFT advice)

If University of California San Francisco or its agents deposit funds into my account by mistake, I authorize University of California San Francisco or its agents to withdraw those funds. I understand the direct deposit may begin/continue at least one month after the Accounts Payable Department receives my written request to begin/cancel. During this period, payment will be made by check sent to the mailing address provided. I release University of California San Francisco or its agents from liability for delays or for errors beyond their reasonable control or for any related damages. In the event of an error, I also authorize the initiation of debit to my account to correct the error.

Payee Signature: _____ Date _____

STAPLE
HERE

**** PLEASE ATTACH A VOIDED CHECK HERE TO CONFIRM ACCOUNT INFORMATION****

PRIVACY AND NOTIFICATION

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply personal information about themselves. The principal purpose for requesting this information on this form is to verify your identity and set-up your account to receive direct deposit of non-payroll payments. Furnishing your name, address, and bank account information on this form is mandatory – failure to provide such information will delay or may even prevent the payment for which this form is being filled out. Information on this form is used by University departments for non-payroll payments, and may be transmitted to the State and Federal government as required by law.

Individuals have the right of access to this record as it pertains to themselves.

Campus Accounting Officers are responsible for maintaining the information contained on this form.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is voluntary. This record keeping system was established pursuant to the authority of The Regents of the University of California under Art. IX, Sec. 9 of the California Constitution. The social security number is used to verify your identity.