

ENROLLMENT, CHANGE OR CANCELLATION
ELECTRONIC DIRECT DEPOSIT
 UCRS 160 (W7/04) University of California Human Resources and Benefits

Send completed form to:
 UC HR/Benefits
 P.O. Box 24570
 Oakland, CA 94623-1570

1. PERSONAL INFORMATION (Please complete entire section)

NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER	DAYTIME PHONE ()
MAILING ADDRESS (Number, Street)		CHANGE MY ADDRESS <input type="checkbox"/> YES <input type="checkbox"/> NO	BENEFIT PAYMENT TYPE (Check one) <input type="checkbox"/> UCRP <input type="checkbox"/> UC PERS VERIP <input type="checkbox"/> UC 415 (m)
(City, State, ZIP, Country)		STATUS (Check all that apply) <input type="checkbox"/> RETIRED / DISABLED	<input type="checkbox"/> OTHER (NON-MEMBER) <input type="checkbox"/> SURVIVOR / CONTINGENT ANNUITANT

2. ACTION (Please check one)

New Enrollment Change my account. I have closed or am closing my account. Send my future checks to my mailing address until my new account is in effect.

Cancel Direct Deposit Change my account. My current account will remain open until my new account is in effect. .

3. BEGIN ELECTRONIC DIRECT DEPOSIT TO MY SAVINGS ACCOUNT (Complete sections 4 and 5)
 CHECKING ACCOUNT (Complete section 5 and either 3 or 4)

You must attach a voided check. Do not attach a deposit slip. If you do not have printed personalized checks, your financial institution must complete section 4.

NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
BRANCH NAME AND ADDRESS	BRANCH TELEPHONE NUMBER ()
(City, State, ZIP)	

4. FOR COMPLETION BY FINANCIAL INSTITUTION (If you are authorizing direct deposit to your savings account or if you do not have printed personalized checks)

NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER (Show the number exactly as required for direct deposit.)											
	()	BRANCH TELEPHONE NUMBER				BANK TRANSIT ROUTING NUMBER						
BRANCH NAME AND ADDRESS												

I confirm the identity of the above-named payee and the account number. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

SIGNATURE OF REPRESENTATIVE	PRINT / TYPE REPRESENTATIVE'S NAME	DATE
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5. CERTIFICATION AND AUTHORIZATION (Signature(s) required) **JOINT ACCOUNT HOLDER'S CERTIFICATION**

I certify that I am entitled to the payment identified above, and that I have read and understand the information and instructions on this form. In signing this form, I authorize my payments to be sent to my financial institution and deposited to the account I have designated. I authorize amounts transferred after my death or transmitted in error to be debited from my account and refunded to the University. If the funds have been withdrawn following my date of death, I authorize my financial institution to release to UC the name and address of the person(s) responsible for withdrawing the funds. I understand that if deposits are being made to a joint account, the other account holder must sign the "Joint Account Holder's Certification" section (at right). I further agree that if the account specified above becomes a joint account (or if the joint account holder changes), I must complete a new form. I understand that this authorization will remain in effect until I cancel it by submitting a new form.

I certify that I have read this form. If the payee named at left dies, I agree to refund to the University any payments deposited in our account that he or she was not entitled to receive. **(Please notify UCRS of the death of the UCRS payee.)**

SIGNATURE OF PAYEE	DATE	SIGNATURE OF JOINT ACCOUNT HOLDER	DATE
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FOR UC HR/BENEFITS USE ONLY

TRANSIT ROUTING NUMBER	ACCOUNT NUMBER	TRANSACTION TYPE
INPUT BY	DATE	AUDITED BY
		DATE

SEE REVERSE FOR PRIVACY NOTIFICATIONS

WHITE - UC HR/BENEFITS ACCOUNTING
 CANARY - RETAINED BY RECIPIENT

PRIVACY NOTIFICATIONS

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 information about themselves.

The principal purpose for requesting the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding taxes, benefits administration, and changes in title and pay status. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested 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. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the federal and state governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Associate Vice President—University of California Human Resources and Benefits, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act, as amended. The Social Security number is used to verify your identity. The principal uses of the number shall be to report (1) state and federal income taxes withheld, (2) Social Security contributions, (3) state unemployment and Workers' Compensation earnings, and (4) earnings and contributions to participating retirement systems.

(B)

(BB)