



**UNIVERSITY OF CALIFORNIA, LOS ANGELES  
DEPARTMENT OF MEDICINE  
PAYROLL WAGE DISPOSITION REQUEST**

EMPLOYEE NAME (LAST, FIRST, M.I.)	DEPARTMENT	EMPLOYEE ID#	NEW HIRE OR CHANGE

**PLEASE SELECT ONE OF THE FOLLOWING OPTIONS: SUREPAY OR DEPARTMENTAL PICKUP**

**OPTION I: SUREPAY DEPOSIT (ATTACH VOIDED CHECK)**

**I CHOOSE TO HAVE MY PAY DIRECTLY DEPOSITED TO MY ACCOUNT AT THE FINANCIAL INSTITUTION INDICATED BELOW**

CHECK ONE:      CHECKING ACCOUNT (ATTACH VOIDED CHECK)    OR      SAVINGS ACCOUNT

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

BRANCH NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

**EARNING STATEMENT:** An earnings statement indicating payroll information will be provided on each payday online at the At Your Service Website (<http://atyourservice.ucop.edu>). Please indicate if you would prefer to receive a paper statement by checking the applicable option below.

**I CHOOSE TO RECEIVE MY EARNINGS STATEMENT**

CHECK ONE:      ONLINE (AT YOUR SERVICE WEBSITE)    OR      AS A PAPER STATEMENT

With the selection of SUREPAY, I authorize the University of California, Los Angeles, to initiate credits and/or debits to my account. Debits shall be initiated only to effect appropriate adjustments against a prior credit made for the same pay date. I understand that debit transactions are limited to reductions for University salary overpayments and to respond to mandatory court orders. Debits may not be initiated after the pay date, and the result of the credit less the debit will be the net pay to which I am entitled and will be no different from the net amount I would have received had the SUREPAY method not been selected and a payroll check had been printed. This authorization is to remain in effect until cancelled in writing by submitting a new Payroll Wage Distribution Request. A new authorization must be completed if I change my account, close my account or change financial institutions. All authorizations and changes are subject to normal payroll deadlines.

**EFFECTIVE DATE:** SUREPAY will be effective approximately 30 days from the date this form is received by Accounting Services and the Payroll Office contingent upon meeting payroll deadlines. This waiting period is used by the banking system for my safety to verify my account information with my financial institution. Any paychecks issued to me during this waiting period will be sent to my department personnel office.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**OPTION II: PERSONNEL OFFICE PICKUP**

**I REQUEST THAT MY PAYCHECK BE AVAILABLE FOR PICKUP AT THE DIVISION PERSONNEL OFFICE.**

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_ TELEPHONE \_\_\_\_\_