

Direct Deposit Form: Non-Payroll



Complete and submit this form along with the **required supporting bank account information** (see page 2) to begin, change, or cancel non-payroll direct deposit.

To submit via email:

send scanned form and documentation to:
studentssvcdesk@ucsf.edu

To submit via U.S. mail:

send form and documentation to:
1855 Folsom Street, Suite #425
San Francisco, CA 94143-0815

Please complete all fields below:**Choose one of the following:**

- BEGIN** direct deposit request
- CANCEL** direct deposit request
- CHANGE** direct deposit request

Last Name:**First Name:****Middle Initial:**

UCID: 02

Last Four Digits of SSN:**Current Mailing Address:****Street:****City:****State:****Zip:****Phone:****e-mail Address:****Declaration and Signature**

I, the undersigned, have provided the necessary account and financial institution information and authorize deposit of my payment to said account. I have also provided either appropriate bank documentation or a voided personal check attached to this completed form that verifies my bank routing number and account number.

If the 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 (mm/dd/yy): _____

Privacy and 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 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.

FOR CONTROLLER'S OFFICE USE ONLY:			
Student Accounts - Initials:	Date:	Accounts Payable - Initials:	Date:

