



UNIVERSITY OF CALIFORNIA, SAN DIEGO

Payroll Wage Distribution Request

PRINT NAME (Last, First, Middle Int.)	Employee No.	Social Security No.	Campus Phone	Mail Code
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MAIL CODE CHANGE ONLY No change to existing Payroll Wage Distribution. No further information required.

Signature Date

Please select **ONE** of the following **OPTIONS** to designate net payroll earnings distribution.

OPTION I DIRECT DEPOSIT

This option will automatically deposit your net check at the financial institution provided below. This information will also be used for the deposit of any non-payroll checks issued from Disbursements Division.

Type of Account:
(Choose One)

Checking

A voided **check** must be attached by **taping** it in the box below.

Savings

A copy of your bank membership card must be attached by **taping** it in the box below.

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Direct Deposit will take effect within eight weeks from the date this form is processed by Payroll. This also applies when a change is made to existing direct deposit information. A paper check will be issued in the interim.

The "gross to net" earnings statement will be sent to your departmental mail code provided above.

Direct Deposit guarantees the deposit of funds to your account on pay day.

* Debits shall be initiated only to effect appropriate adjustments against a prior credit made for the same pay date. These debit transactions are limited to reductions for University salary overpayments and to respond to mandatory court orders.

Financial Institution Account Number Routing Number

I hereby authorize the University of California, San Diego to initiate credits and/or debits to my account. Please see above " * " for explanation of debits. This authorization is to remain in effect until cancelled in writing by submitting a new Payroll Wage Distribution Request Form, FO 2048.

Signature Date

OPTION II CHECK ISSUANCE

This option will issue a paper check mailed to your departmental mail code provided above.

Signature Date