The University Corporation
San Francisco State

Room ADM 361
1600 Holloway Ave.
San Francisco, CA 94132

ucorp.sfsu.edu

To: University Corporation Employee

From: Mark Angstman,
             HR Coordinator

Re: Direct Deposit Authorization

The University Corporation, San Francisco State is pleased to announce and make available to all eligible employees the opportunity to take advantage of Payroll Direct Deposits.

DIRECT DEPOSIT REQUIREMENTS

I understand and acknowledge the following:

- All employees are eligible to participate.

- If for any reason I should receive more pay than I am entitled to, I will *promptly* refund any such excess. The UCorp can and will seek legal recourse in order to obtain reimbursement of any overpayment in the event the excess is not refunded.

- My signature on the page 2 of this form authorizes the UCorp to deduct any overpayment from future payments (if applicable).   **_____(initial)**

  The Labor Commissioner will generally allow an employer to make a deduction for overpayment of wages that resulted from a clerical or calculation error as long as the deduction is made in the paycheck immediately following the overpayment. Before taking any deduction to correct an overpayment, the employer should inform the employee.

- My direct deposit will commence at the earliest possible payroll. It is conceivable **two (2)** payroll cycles may pass before my direct deposit is established. I hold the UCorp harmless for fees or expenses incurred due to any delay of this process.
                                                                                         _____(initial)

- Should I choose to discontinue the direct deposit feature for any reason, I will have to wait until our next open enrollment period before I can re-enroll.

- My payroll 'voucher' will be mailed to the address on file.

I hereby authorize the University Corporation, San Francisco State to automatically direct deposit my paycheck into the bank account(s) identified below. I have provided a ***voided check*** representing the institution and applicable required information to accomplish this request **OR** I have provided the ***routing number, account number, and financial institution's name and address***.

In addition, by signing below I acknowledge I have read and will abide by the requirements on the reverse.

In this space, please *attach a voided check* **OR** provide the following information:

Routing number (9 digits): _____
Account number: _____
Financial Institution Address**:** _____

Approved / authorized:

_____   _____
Signature   Date

_____
Print Name

| *Failure to initial and sign where indicated will delay processing of the Direct Deposit.* |