

**UNIVERSITY OF CALIFORNIA, RIVERSIDE  
EMPLOYEE PAYROLL DEDUCTION  
CREDIT UNION (UPER 120-5 rev. 4/2005)**

| LAST NAME            | FIRST NAME     | MIDDLE INITIAL     |
|----------------------|----------------|--------------------|
|                      |                |                    |
| HOME DEPARTMENT      | EXTENSION      | EMPLOYEE ID NUMBER |
|                      |                |                    |
| NAME OF CREDIT UNION | ACCOUNT NUMBER | SAVINGS/CHECKING   |
|                      |                |                    |

Effective with my pay check dated: \_\_\_\_\_,  
contingent upon meeting payroll deadlines, I hereby authorize the University of California to:

|  |
|--|
| ---                                      |
| ADD/CHANGE DEDUCTION: \$ _____ per month |
| ---                                      |
| CANCEL DEDUCTION: \$ _____ per month     |

from my earnings as an employee of the Regents of the University of California and to deposit or stop depositing this amount to the credit union specified above.

I understand that this authorization shall remain in effect until revoked by me, allowing up to 30 days to change the payroll records in order to make effective any changes in this assignment. I understand that I may cancel this deduction at any time. This authorization does not cover deductions for any time prior to the payroll period in which the initial deduction is made. This agreement may be revoked by the University in the event that the eligibility of the credit union is withdrawn or upon termination of my employment with the University.

I understand further and agree that neither the Regents of the University of California nor any officer or employee thereof shall be held responsible or liable for any inadvertence or error in withholding or transmitting payroll deductions to the credit union or for any change in the rules or regulations of the credit union, except for monies actually withheld and not transmitted.

In the event there are insufficient earnings to cover all the required and authorized deductions, including those required legally, I understand that deductions will be taken in the order of priority assigned by the University and no adjustment will be made by reason of insufficient earnings.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accounting Office use only:  
Element Number: 6091. Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_