

UC Hastings College of the Law – Office of Fiscal Services
AUTHORIZATION FOR E-CHECK (Direct Deposit)

HCL Students, Employees, and Vendors

Type directly into this form, then print.

- See Section 7 on the reverse side for instructions on how to complete the form.
- Return the completed form to Fiscal Services, 198 McAllister Street, Room 111 or mail to 200 McAllister Street, San Francisco, CA 94102. Fax the form to: 415-565-4698, Attention: Cashier

SECTION 1.	TRANSACTION TYPE (Select only one)	
1. <input type="checkbox"/> NEW SET UP (Complete Sections 1, 2, 3, & 5 or 6)	3. CHANGE (More than one type of change may be selected) <input type="checkbox"/> Change Financial Institution (Complete Sections 1, 2, 3 & 5 or 6) <input type="checkbox"/> Change Account Number (Complete Sections 1, 2, 3 & 5 or 6) <input type="checkbox"/> Change Account Type (Complete Sections 1, 2, 3 & 5 or 6)	
2. <input type="checkbox"/> CANCELLATION (Complete Section 1, 2 & 3)		

SECTION 2.	PAYEE INFORMATION (Please Print)			
4. Hastings 7-digit Identification Number	5. E-Mail Address	6. Telephone Number		
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7. Name (Last, First, MI)				
8. Street Address	9. City	10. State	11. ZIP code	

SECTION 3.	AUTHORIZATION FOR NEW SETUP, CANCELLATION OR CHANGE OF EXISTING SET UP		
<p>12. I authorize UC Hastings College of the Law to initiate electronic deposits and if necessary, electronic withdrawals and adjustments for any electronic deposit issued in error to the <input type="checkbox"/> Checking <input type="checkbox"/> Savings account (choose only one) indicated in Section 5 or 6.</p> <p>I understand I will not receive an electronic deposit if:</p> <ul style="list-style-type: none"> ▪ I fail to provide complete and accurate information on this form or ▪ If I am a student with a hold(s) on my Hastings' student record or ▪ Upon release of the credit entry to the Automated Clearing House (ACH) my deposit is rejected. <p>I understand the Office of Fiscal Services will notify me via e-mail when my funds have been released for deposit into my designated account or if my deposit is rejected and that a paper check will be issued instead.</p> <p>I understand it is my responsibility to immediately notify the Office of Fiscal Services if my bank account and/or e-mail address changes.</p> <p>I understand it is my responsibility to ensure deposited funds are in the designated bank account before any withdrawals are made.</p> <p>I understand this agreement will expire if the designated account is closed or if I cancel this Authorization in writing with the Office of Fiscal Services.</p> <p>I agree and understand neither the UC Regents, Board of Directors of Hastings College of the Law nor any Officer or employee thereof shall be held responsible or liable for any inadvertence or error in withholding or transmitting the funds to the designated account.</p>			
13. Printed name	14. Authorized signature	15. Date	

SECTION 4.	PRE-NOTIFICATION (Pre-Note)
<p>16. Upon receipt of this authorization form, a test (pre-notification) transaction will be sent to the designated financial institution to confirm the accuracy of the routing and account number. This notification will result in a \$0.00 deposit transaction posting to your account. Pre-notification will occur each time you change your account.</p>	

SECTION 5.	VOIDED CHECK (Affix check in the space below)
<p>17. Attach here a <u>preprinted</u> check across which you have written "VOID" bearing the account name (your name), the institution (name of your bank), the bank routing number (the 9-digit number printed in the lower left-hand corner of your check) and the account number.</p> <p align="center"><u>VERIFY THE ROUTING NUMBER.</u></p> <p align="center">Banks often have different routing numbers for electronic credits. Confirm with your bank if this is the case. If so, do not attach a voided check and go to SECTION 6.</p> <p align="center">If you are unable to provide a voided check or want your funds deposited into your savings or investment account, SECTION 6 must be completed.</p>	

SECTION 6.	FINANCIAL INSTITUTION (Must be completed by your financial institution if a void check is not attached)		
18. Financial institution name	19. City	20. State	
21. Transit routing number for electronic credits (9 digits)	22. Account number	23. Type of account (select only one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
24. Representative name (Please Print)	25. Title		
26. Representative signature	27. Phone number	28. Date	

SECTION 7.	INSTRUCTIONS FOR COMPLETING AUTHORIZATION FORM
<p>29. Contact the Office of Fiscal Services at (415) 565-4704 if you have any questions on the E-Check process or on completing this form. This form must be accurately completed and submitted to the Office of Fiscal Services for processing.</p> <ul style="list-style-type: none"> ▪ Boxes 1, 2 & 3 – Indicate a new set up, cancellation or change to an existing set up. ▪ Box 4 - Your 7-digit Hastings ID#. Contact Account Payable for your ID#. ▪ Box 5 - Your e-mail address. This is required and where payment notifications will be sent. ▪ Boxes 6 thru 11 – Complete all boxes with requested information. ▪ Box 12 - Carefully read the authorization and indicate the account type. ▪ Boxes 13 thru 15 - Read the authorization carefully and sign where requested. ▪ Box 17 – Affix a voided check from your checking account in the space provided. If you are unable to provide a voided check, boxes 18 thru 28 must be completed. If your bank uses a different routing number for electronic credits than that printed on your voided check then skip box 17 and complete boxes 18 through 28. ▪ Boxes 18 thru 28 – If you are unable to provide a voided check or want your funds deposited into a savings account, a representative of the institution receiving your deposit must complete these boxes. <p><u>ADDITIONAL INFORMATION:</u></p> <ul style="list-style-type: none"> ▪ Make a copy of this form for your records. ▪ Notices regarding the E-Check transaction(s) will be sent via e-mail. ▪ If at any time your deposit is rejected, this Authorization will expire and all future payments will be issued via a paper check until a new Authorization form is submitted to the Office of Fiscal Services. ▪ Do not withdraw your funds until you have confirmed they are deposited into your account. ▪ After being notified of your E-Check payment and your funds are not received, contact the Office of Fiscal Services at E-Check@uchastings.edu to place a tracer on the payment. 	

FISCAL OFFICE USE ONLY			
30. BAIE data entry by:	32. BAIE verification by:	34. BAIE deleted by:	36. BAIE deletion reason:
31. BAIE data entry date:	33. BAIE verification date:	35. BAIE deletion date:	