

PAYROLL AUTHORIZATION FORM

I hereby authorize the UAPB Payroll Unit to set up my payroll account so that I will be able to view my pay information online through WebAdvisor.

(Please check the appropriate box and provide the requested information.)

☐ **DIRECT DEPOSIT SUBSCRIBERS:** I understand that by choosing this option, I will be able to view my pay information online and will not get a paper copy of my direct deposit advice.

☐ **PAY CHECK SUBSCRIBERS:** I understand that I will continue getting a paper check as usual and will also be able to view my pay information online.

EMPLOYEE NAME:

ID.NUMBER:

EFFECTIVE DATE:

Employee Signature: _____

Date Signed: _____