

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.

[] 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.

EMPLOYEE NAME:

ID.NUMBER:

EFFECTIVE DATE:

Employee Signature: _____

Date Signed: _____