

OFFICE OF STATE UNIFORM PAYROLL

Date: _____

AGENCY CONTACT SETUP/CHANGE REQUEST

(Effective Date of
Authorization)

Personnel Area(s): _____

Agency Name: _____

Agency Address: _____
(mailing)

Authorized By: _____
(Undersecretary/Appointing Authority Signature)

Printed Name & Title: _____ / _____
(Name) (Title)

The designated personnel listed below are authorized to receive the EFT Return/Correction Report from OSUP **(must list 1 Primary and at least 1 Alternate)**

<u>A</u> <u>D</u> delete	Name	Personnel Number	<u>P</u> <u>A</u> lternate	Agency Division

OSUP Use Only Date entered: _____ By: _____