

OFFICE OF STATE UNIFORM PAYROLL  
AGENCY CONTACT SETUP/CHANGE FORM

Date: \_\_\_\_\_  
(Effective Date of Authorization)

Personnel Area: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
(mailing)

Authorized By: \_\_\_\_\_  
(Undersecretary/Appointing Authority Signature)

Printed Name & Title: \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Title)

The designated personnel are authorized to perform the following duties:

- (A) OSUP Direct Deposit/EFT - Persons responsible for receiving EFT Correction Report from OSUP **(must list 1 Primary and at least 1 Alternate)**
- (B) OSUP AFS J5 Reject - Persons responsible for correcting J5 Rejects on SUSF in AFS

Add Delete	Agency Contact Name	Personnel Number	Primary Alternate	Duties Performed A, B	Agency Division

**OSUP Use Only** Date entered: \_\_\_\_\_ By: \_\_\_\_\_