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| OSUP/F71 |  | OFFICE OF STATE UNIFORM PAYROLL  AGENCY CONTACT SETUP/CHANGE FORM | | |  | | |  |
| R 05/23 |  |  | | | Date: |  | | |
|  | | | | | | | (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 are authorized to receive the EFT Return/Correction Report from OSUP **(must list 1 Primary and at least 1 Alternate)** | | | | | | | | | |
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| **A**dd  **D**elete | Agency Contact Name | Personnel Number | **P**rimary  **A**lternate | Duties  Performed | Agency Division |
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|  | **OSUP Use Only** | Date entered: |  | By: |  |