AUTHORIZATION for PICKING UP PAYCHECKS

___________________________
(Today’s Date)

To: PAYROLL SERVICES
(Human Resources Department)

Please allow __________________________________________________ to pick up the
(Name of person picking up check)

paycheck for __________________________________________     _______________.
(Employee’s Name)        (Employee ID)

___________________________________
(Employee’s Signature)

Print or Type Name

REMINDER: Please remember photo ID’s are required to pick up paychecks. This form requires ORIGINAL signatures (no copies or stamps).
(Rev. 08/06)