



Paycheck Pick-Up Authorization Form

Today's Date

To: **Payroll Services**
(Human Resources Department)

Please allow the following person(s) _____

to pick up my paycheck anytime I am unable to pick it up myself.

(Employee Name)

(last 4 digits of SS#)

(Employee Signature)

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