



3rd Party Authorization to Pick up Payroll Check

I, _____ authorize _____
Printed Name & last 3 digits of social security # Designee's Printed Name

to pick up my payroll check for _____
Month & Year

Employee's Signature: _____ Date: _____

The employee needs to fill one of these forms out every time a check is picked up by someone other than themselves.

Whoever picks up the check must show a legal photo ID and present this form in order to receive the check.

Release
Signature: _____ Date: _____

rl: HR/Payroll rev 10/2018