



CALIFORNIA STATE UNIVERSITY, STANISLAUS

Payroll Department

Authorization to pick-up employee's check on pay day

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 must fill one of these forms out every time a check is picked up by someone other than the employee.

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

Release
Signature: _____ Date: _____