

REQUEST TO MAIL PAYCHECK

NAME _____ Empl ID # _____

CAMPUS _____ SS# _____

I am requesting that the Payroll Department mail my paychecks or any other payroll correspondence to my home address. I understand that, should I encounter a delay in receiving my paychecks, a request for a stop payment order and a replacement check will not be accepted until seven (7) calendar days following the payday.

Signature _____

Date _____

Print this form, complete and sign, then submit to Payroll