

UNIVERSITY OF THE INCARNATE WORD

PAYROLL MAIL AUTHORIZATION FORM

I authorize my employer to:

- Mail my paycheck each payday.
- Mail the following paycheck _____ only.

This authority will remain in effect until I have canceled it in writing.

EMPLOYEE NAME _____ DATE _____

PIDM# _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Employee Signature

I do understand the following:

1. If my paycheck is lost, even if lost by the U.S. Postal Service, I will have to wait ten working days from the date of stop payment to be issued a replacement check.
2. I will also reimburse UIW for the stop payment fee, if charged by the bank.

Initial