

AUTHORIZATION TO RELEASE PAYROLL WARRANTS

_____ I WOULD LIKE MY PAYROLL CHECK MAILED TO THE ADDRESS ON FILE
(signature) EVERY PAYDAY

_____ I WILL PICK UP MY PAYOLL CHECK FROM THE COUNTY OFFICE
(signature) EVERY PAYDAY

_____ I HAVE AUTHORIZED _____ TO PICK UP MY
(signature) PAYROLL CHECK EACH PAYDAY

_____ I WILL PICK UP MY PAYCHECK AT _____
(signature) (worksite)

Special Instructions:

In the event that a payroll day happens to be a non-school/recess day please indicate your preference;

_____ Mail payroll check to address on file
signature

_____ Hold payroll check at the County Office
signature

_____ print name

_____ site

_____ date