



REQUEST FOR MAILING PAYROLL CHECKS / DIRECT DEPOSIT STUBS

(Please Provide All Information)

Name: _____

Home Address: _____

Department: _____

Room #: _____ Extension: _____

By my authenticated signature ** I authorize John Jay College, for the period indicated, to mail my payroll checks and/or direct deposit stubs in the addressed, stamped envelopes which I am providing with this form. I recognize that the College is not responsible for any delays which might occur in mailing my checks/stubs.

AUTHORIZATION PERIOD

From ____ / ____ / ____ To ____ / ____ / ____

Number of envelopes provided: _____

Signature Date

** Your signature on this form must be authenticated by a Bursar representative. Please present your John Jay College ID Card of Government issued ID (e.g. Driver's License, state ID, Passport) for signature comparison.

I have compared the signature of the faculty/staff person who presented this form.

Bursar Signature _____ Date ____ / ____ / ____