



# REQUEST FOR RELEASING PAYROLL CHECKS / DIRECT DEPOSIT STUBS TO A FACULTY/STAFF REPRESENTATIVE

---

(Please Provide All Information)

Name of Faculty/Staff: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Representative: \_\_\_\_\_  
(Please Print)

Signature of Representative: \_\_\_\_\_

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 or 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_