

INDIVIDUALS AUTHORIZED TO RECEIVE DEPARTMENT STATE CHECKS*

Please fill out form and send original to 120 Crofts Hall, North Campus:

Contact Name _____ **Campus Phone Number** _____

Department _____ **PayCheck Sort Code** _____

DELETE:

1) _____
(Type or Print Name)

3) _____
(Type or Print Name)

2) _____
(Type or Print Name)

4) _____
(Type or Print Name)

ADD:

1) _____
(Type or Print Name)

(E-mail Address)

(Signature)

2) _____
(Type or Print Name)

(E-mail Address)

(Signature)

3) _____
(Type or Print Name)

(E-mail Address)

(Signature)

4) _____
(Type or Print Name)

(E-mail Address)

(Signature)

AUTHORIZED BY: _____ **Date** _____
(Signature)

***Maximum of four individuals**