

## PAYCHECK MAILING AUTHORIZATION

I authorize the State University of New York, College at Purchase to mail my bi-weekly paycheck to the address listed below. I understand that I am required to inform the Payroll Office immediately if this address changes. I also understand that I may be required to re-authorize this form on an annual basis. In accordance with University policy, I agree to provide a stamped, self-addressed envelope for each mailing.

\_\_\_\_\_  
Department Name

If necessary:

Start date of mailings: \_\_\_\_\_

\_\_\_\_\_  
Street Address (including apartment number)

End date of mailings: \_\_\_\_\_

\_\_\_\_\_  
City, Town or Village

Payroll Type: (please check one)

Administration     Student Assistant

College Work Study

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature Date

Payroll Department use only:

# of envelopes received \_\_\_\_\_

Date: \_\_\_\_\_