



<b>PAYROLL USE ONLY</b>	
<b>OFF CAMPUS</b>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
ACCT#	_____

**AUTHORIZATION TO MAIL PAYCHECK**  
**(Off campus non-student employees only)**

I, \_\_\_\_\_ CWID # \_\_\_\_\_,  
Print Name

authorize Cal State University, Fullerton Auxiliary Services Corporation Payroll to mail my paycheck for the pay period of \_\_\_\_\_ to my home address.

Verification of address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I acknowledge that a fee of \$15.00 will be charged to issue a stop payment for any check that may be lost through the mail or destroyed.

Signature: \_\_\_\_\_

Department: \_\_\_\_\_

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

**\*\*This form must be submitted with timesheet for each pay period you are requesting your check to be mailed.**