

Payroll Check Mail Request Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Department: _____ Contact number: _____

By signing this form, I agree to authorize **University Enterprises Corporation at CSUSB (UEC)** to mail my payroll checks on pay days to the above address.

I understand that:

- The has no control over the check arrival time;
- The check may be lost or stolen in the mail;
- If the replacement check is requested, it may take up to three (3) business days for **UEC** to verify the status of the check and place a stop payment on the check. A replacement check may only be issued if the original check has not been cashed;
- Separate written request is needed for final pay check.

Signature

Date