# Authorization for Picking Up Payroll Checks

_____

Today's Date

To: **Payroll Services**
**Elgin ISD Business Office**

Please allow _____ to pick up the
**(Print name of person picking up check)**

payroll check for_____ _____
**(Print Employee's Name)** **(Employee ID)**

This authorization applies to the pay dates below (check one):

☐ **Only release the next available payroll check to the authorized person _____**
**(Paydate)**

☐ **Release all payroll checks to the authorized person until I stop this authorization by written instruction.**

Please remember photo ID's are required to pick up all payroll checks.
This form requires ORIGINAL signatures.

_____
**(Employee Signature)**