



Hostos Community College

BURSAR OFFICE
120 East 149th Street, Bronx, New York 10451 Tel. 718-518-4373

AUTHORIZATION FORM FOR PAYROLL CHECKS/STUBS TO BE MAILED OR PICK UP BY THIRD PARTY

EMPLOYEE INFORMATION

DATE: _____

NAME: _____
Last First MI

EMPLID # _____

DEPARTMENT _____

Instr./Non-Instr. Adjunct COA College Asst. Other _____

I hereby authorize the Bursar's Office to mail my payroll check[s]/direct deposit stubs

Dated: _____

To: Name: _____

Address: _____

Stamped self-addressed envelope[s] must be attached.

Note: A new request with envelopes is required for each semester.

Signature: _____

PICK UP BY THIRD PARTY

I hereby authorize _____ EMPLID # _____
(if applicable)

to pick up my payroll check[s]/direct deposit stubs dated _____

I am also giving my Hostos Employee ID card to the above named person, and understand they must also present their ID when picking up the check.

Signature: _____