

**NOTICE TO MAIL PAYCHECK/ADVICE**

NAME \_\_\_\_\_ Empl ID # \_\_\_\_\_

CAMPUS \_\_\_\_\_ SS# \_\_\_\_\_

*I am requesting that the Payroll Department mail my paychecks and/or direct deposit advices or any other payroll correspondence to my home address. I understand that, should I encounter a delay in receiving my paychecks, a request for a stop payment order and a replacement check will not be accepted until seven (7) calendar days following the payday.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Print this form, complete and sign, then submit to Payroll**