

# TULOSO-MIDWAY ISD

## Pay Check Pick-Up Authorization Form

\_\_\_\_\_  
*Today's Date*

TO: **Payroll Department**

Please allow \_\_\_\_\_ to pick up the  
*(Name of person picking up check)*

Pay Check for \_\_\_\_\_, dated \_\_\_\_\_.  
*(Employee's Name) (Month, Day and Year)*

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*SSN*

### REMINDER:

A Photo ID is required when requesting to pick up the employees pay check. This form requires: