



NEW MEXICO STATE UNIVERSITY
Authorization of Payroll Mail Distribution

Date (mm/dd/yyyy): _____ Employee ID: _____

I hereby authorize the _____ department to mail my payroll check(s) or direct deposit advice(s) to the following address:

Street Address/Box No.: _____
City: _____ State: _____ Zip Code: _____ - _____

As a condition to receiving my check through the mail, I understand that this method is not without error, and I will not hold New Mexico State University or its employees responsible for loss due to normal postal delivery. This authorization will remain in effect until a replacement authorization or cancellation is received in writing. This authorization applies only to pay received from the above primary department.

(Print Name)

(Employee Signature)

Return completed and signed form to home department.