



Authorization of Payroll Mail Distribution

ROUTING	PS, MSC 3PAY hrhelp@nmsu.edu Phone 646-8000 Fax 646-0000
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Return completed and signed form to home department.

SECTION 1: REQUESTOR INFORMATION

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

E-mail Address: _____ Phone Number: _____

SECTION 2: REQUEST DETAILS

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 _____

SECTION 3: REQUESTOR APPROVAL

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: _____ Signature: _____ Date: _____