

# SOUTH COAST ESD

## ***PAYCHECK DISTRIBUTION***

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EMPLOYEE NAME (Please Print)

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Date

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EMAIL ADDRESS

**Please indicate how you would like to receive your paycheck.**

**SELECT ONE:**

Please mail my paycheck

(I understand that my check will be mailed the day before payday, and that the ESD is not responsible for any delay in me receiving my pay check. I also understand that there is a 10 day wait period to report an unrecived paycheck and make a request for stop payment \_\_\_\_\_ initial here)

Direct Deposit with emailed check stub (please complete & attach the Direct Deposit Authorization Agreement and confirm email address)

I work in the ESD Main Building and will pick up my pay stub from my department secretary.

I will pick up my paycheck **BEFORE NOON ON PAYDAY** (Checks are available after 8:00AM)

I understand that if do not pick up my check by NOON on payday that it will be mailed, and that the ESD is not responsible for any delay in me receiving my pay check \_\_\_\_\_ initial here.

**If you would like to authorize another person to pick up your check, please indicate who below.**

I authorize \_\_\_\_\_ to pick up my paycheck/pay stub. (Please Print Name)  
(Print Name)

I authorize \_\_\_\_\_ to pick up my paycheck/pay stub. (Please Print Name)  
(Print Name)

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Employee Signature

Any additions or deletions will require a new authorization form. These forms are available in the Fiscal Department.

Mileage reimbursement will not be approved for a trip to ESD for picking up your paycheck.

Any questions concerning special arrangements for your paycheck should be directed to your department secretary.