

PAYROLL CHECK DISBURSEMENT AUTHORIZATION

Name _____ CWID _____

Northeastern Oklahoma A&M College is hereby authorized to disperse my payroll check as follows:

Release to: (1) _____ (2) _____

(3) _____ (4) _____
(Authorized person must present ID and sign for checks)

Mail to: _____

Date: _____ Signature of Employee _____