

Place on your letterhead

(Date)

Dear (Employee First and Last Name)

You are receiving this notice because you receive a PAYROLL CHECK that you cash or take to your bank. PLEASE READ THIS MESSAGE CAREFULLY.

Because of action taken by the Iowa Legislature in the 2008 session, (insert name of parish or school) may no longer mail payroll checks to employees unless there is a signed authorization to mail on file. This new law takes effect on July 1, 2008.

If you choose to authorize the mailing of your paycheck, please sign below and deliver or mail this form to (insert name) at (insert office location). If you do not return an authorization to mail your paycheck, your next payroll check will be held at the office until you come to collect it.

If you normally receive your paycheck at the office or pick it up at the office, this will not impact that practice. However, if you are ever unable to pick up your check at the office, we will not be able to mail it to you without this authorization signed.

Authorization to mail paycheck

I authorize my employer, (insert parish or school name), to mail my paycheck to my home address, as provided below. I understand it is my responsibility to notify my employer when my address changes.

Print Name

Date

Signature

Address: Street, City, State, Zip