

KEYSTONE LEARNING SERVICES

Paycheck Pick-Up Authorization Form



Today's Date

TO: Payroll Services

Please allow _____ to pick up the
(Name of person picking up check)

paycheck for _____, for paycheck _____.
(Employee's Name) (Month and Year)

Employee's Signature

Print or Type Name

REMINDER: Please remember photo ID's are required to pick-up checks. This form requires ORIGINAL signatures (no copies, faxes or stamps).