

**SUNY Maritime College  
Paycheck Distribution Authorization**

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Telephone Extension: \_\_\_\_\_

Payday is every other Wednesday. Each department has designated an individual to pick up the paycheck advices and/or checks for their department. If you have direct deposit your paycheck check advice will automatically be sent to you via your approved department member. If this is acceptable, you do not need to complete this form. If this is not acceptable to you please choose either A or B below and provide the required information. If selecting option A **and** you have direct deposit please include self addressed stamped envelopes for each pay period that you want your paycheck advice mailed. Please note that paycheck advices for each pay period ***will no longer be mailed without self addressed stamped envelopes.***

*If you do not have direct deposit, your check cannot be released to anyone but you, unless you authorize us to release it to your authorized department member.*

Please select **either choice A or B and provide the required information for that choice.** [Once the form is completed and signed, mail it to Savitri Seenarine, Accounting Office, Fort or fax it to 718-409-7458]:

**Choice A:**

I authorize SUNY Maritime College to mail my check/paycheck advice to the address listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is a temporary authorization. Please void after: \_\_\_\_\_

**Choice B:**

I hereby authorize \_\_\_\_\_ to pick up my paycheck on my behalf.  
print name of person authorized

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_