

I, \_\_\_\_\_, voluntarily authorize University of Dubuque to forward my paycheck by mail. I understand that without such written authorization, the employer may no longer forward my check paycheck by mail. I further understand that this authorization may be revoked at any time with written notice to the employer.

Name(signature) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_