



Bronx Community College
 Of the City University of New York
 Office of the Bursar
 2155 University Avenue
 Bronx, New York 10453
 (718)-289-5617

AUTHORIZATION FORM FOR PAYROLL CHECK(S) TO BE MAILED

EMPLOYEE INFORMATION		
DATE: _____		
NAME: _____		
LAST	FIRST	MI
REFERENCE # _____		
DEPARTMENT: _____		
PAYROLL CHECKS TO BE MAILED:		
_____	_____	_____
MM/DD/YYYY	MM/DD/YY	AND THEREAFTER (WRITE YOUR INITIALS ABOVE)

MAIL TO:		
NAME: _____		
LAST	FIRST	MI
C/O: _____		
LAST	FIRST	MI
ADDRESS _____		
BOROUGH/CITY _____	STATE _____	ZIP _____
PHONE: _____		
CELL	BUSINESS	HOME
<p>I HEARBY AUTHORIZE BRONX COMMUNITY COLLEGE BURSAR'S OFFICE TO MAIL MY PAYCHECK(S) LISTED ABOVE TO THE ADDRESS I HAVE INDICATED ABOVE. I TAKE AND ACCEPT FULL RESPONSIBILITY IF THE CHECK(S) SHOULD GET LOST, STOLEN, AND/OR ARE OTHERWISE NOT DELIVERED TO ME OR RECOVERED BY ME FROM THE MAIL/POSTAL SERVICE.</p>		
_____	_____	
SIGNATURE	DATE	

THIS FORM APPLIES TO ALL ACTIVE EMPLOYEES SEEKING TO HAVE THEIR CHECK MAILED DURING CAMPUS CLOSURE(S) AND TO FORMER EMPLOYEES WHO HAVE RETIRED, TRANSFERRED TO ANOTHER COLLEGE OR ARE NO LONGER EMPLOYED BY BRONX COMMUNITY COLLEGE.