



Office of Human Resources

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Authorization to Stop Check/Reissue/Mail Paycheck

Print Name _____ Last 4 SSN # _____
Home Address _____ Apt _____
City _____ State _____ Zip _____
Department _____ Telephone # (____) _____

Select one option below:

Stop Check/Reissue

Mail Authorization

Check dates (mm/dd/yyyy):

_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize John Jay College to mail the above checks to the address listed above.

Signature

Date

*Please attach a self-addressed stamped envelope along with this authorization form if you would like the check(s) mailed to you. Please note that the college will not be responsible for any delay of mailed checks.

