



## BUSINESS SERVICES Authorization to Pick-up Checks

Date:

Department:

I \_\_\_\_\_ authorize the person(s) listed below to pick up  
(Employee name)  
vendors and/or personal reimbursement checks from the Business Office:

On my behalf

On behalf of Department:

Person(s) authorized to pick up checks:

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Employee name:

Employee signature:

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Any changes to this authorization form will require a new form to be completed.  
The requesting employee may also make changes directly on the original form and initial the changes.