



*The Foundation for
California State University, San Bernardino*

Payroll Check Mail Request Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Department: _____ Contact number: _____

By signing this form, I agree to authorize the Foundation for CSUSB to mail my payroll checks on pay days to the above address.

I agree that:

- The Foundation has no control on the check arrival time;
- The check may be lost or stolen in the mail;
- If the replacement check is requested, there may take up to three (3) business days for the Foundation to verify the check for being outstanding and place a stop payment on the check. A replacement check may only be issued if the original check has not been cashed;
- Separate written request is needed for final pay check.

Signature

Date