



Office of Human Resources
524 W. 59th Street (BMW
Bldg 10th Fl)
New York, NY 10019

Authorization to Stop Check/Reissue/Mail Paycheck

Print Name _____ Last 4 SSN # _____

Home Address _____ Apt _____

City _____ State _____ Zip _____

Department _____ Tel (____) _____

Stop Check/Reissue

Mail Authorization

Check dates: ____/____/____ ____/____/____ ____/____/____

____/____/____ ____/____/____ ____/____/____

____/____/____ ____/____/____ ____/____/____

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.

