OFFICE OF RESEARCH AND SPONSORED PROGRAMS

PAYCHECK AND DIRECT DEPOSIT SLIPS

MAILING AUTHORIZATION FORM

This form will authorize the Office of Research and Sponsored Programs (ORSP) of San Francisco State University to mail my paychecks and/or direct deposit slips to the address that I have currently listed on this form. This form will be placed in the ORSP Personnel files and database for future mailings throughout the year.

Furthermore, I also agree to complete a change of address form immediately should there be any change in my current address. Failure to do so on my part will cause delay in receiving my paycheck and/or direct deposit slips.

This authorization will take effect on the date signed and submitted and can be changed or cancelled at my option anytime. Address change forms are available in ORSP (ADM 471).

Please start my mailing authorization (for checks and	direct deposit slips).
Please cancel my mailing authorization.	
NOTE: This is NOT AN ADDRESS CHANGE FORM. T your address, please request an Employment Action F Student Payroll Action Form.	, ,
Name:	
Signature:	
Date:	
Home Phone:	
Work Phone:	
Address:	
City/State/Zip:	
E-Mail:	
Reminder: This form is not used for an official address change to Resources Office. Please complete the Employee Action the Student Payroll Action Request (SPAR) Form for	tion Request (EAR) form

Orsp/mailingauth/7/06/vn

changes.