

## AUTHORIZATION TO MAIL PAYCHECK

I, \_\_\_\_\_, voluntarily authorize the City of Iowa City  
(print or type name)

to forward my paycheck by U.S. mail. I understand that without such written authorization, the City will no longer be able to forward my paycheck by mail. I further understand that this authorization may be revoked at any time, and for any stated time period, with written notice to the City's Human Resources Division.

- Please mail my bi-weekly paychecks.
- If a week or more has passed and I have not picked up my paycheck, I authorize the City of Iowa City to mail my check to the last mailing address shown on the City's payroll records.
- Please mail my termination check.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(department)

Return authorization form to Human Resources, City of Iowa City, 410 E. Washington St., Iowa City, IA 52240.