

**THE GEORGE WASHINGTON UNIVERSITY  
DEPARTMENTAL CHECK PICK-UP AUTHORIZATION**

**Department Title:** \_\_\_\_\_

**Banner Index:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone/Ext.:** \_\_\_\_\_

**The following employees are authorized to pick-up payroll checks for this department :**

**Print or Type Name**

**Signature of Authorized Person**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**THIS AUTHORIZATION IS VALID UNTIL REVOKED BY THE DEPARTMENT HEAD**

**Signed:** \_\_\_\_\_  
Department/Project Head

**Type or Print:** \_\_\_\_\_  
Department/Project Head

**Date:** \_\_\_\_\_