



EMAIL AUTHORIZATION FORM

Name: _____

Department: _____

Email Address: _____

(Please print legibly)

I authorize the Payne County Clerk to email all pay stubs to the email address listed above. This authority is to remain in full force and in effect until the Payne County Clerk has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Please allow 1-2 pay periods for processing.

Check One:

- ADD - I am not currently participating in the email program; please enroll me.
- CHANGE - I am currently participating in the email program but need to update my email address.
- CANCEL - Please stop my participation in the email program.
- MAIL – Please mail my pay stub as I do not have an email address.

Signature: _____ Dated: _____

IF YOU DO NOT HAVE AN EMAIL ADDRESS ALL PAY STUBS WILL BE MAILED TO THE ADDRESS ON FILE IN THE COUNTY CLERK'S OFFICE.

Please list an address below if you would like us to update your address or double check the one, we have on file. *Listing an address below will authorize us to update your address.*

FOR OFFICE USE ONLY – COUNTY CLERK	
Entered: _____	Date: _____
Checked: _____	Date: _____

PLEASE MAIL MY PAY STUB:
Address: _____
State: _____
Zip: _____
Initial: _____