Date:				
I,	employee of Payn	e County hereby au	thorizes the follow	wing people to
pick up my paycheck other than				
1				
2				
3				
I understand that if any person(s be allowed to do so.	s) other than those list	ed above attempt t	o pick up my che	ck they will not
Signature:				
Subscribed and sworn to before	me this	day of	,	
My Commission Expires:				
My Commission Number:				
Notary Signature:				

SEAL