



**MOLLOY COLLEGE**  
ROCKVILLE CENTRE, NEW YORK 11571-5002

**MAIL PAYCHECK/CHECK STUB AUTHORIZATION FORM**

DATE: \_\_\_\_\_

ATTN: Accounting Office

FROM: \_\_\_\_\_  
*(Please Print Name)*

SUBJECT: Payroll Check

I prefer to pick up my paycheck (or stub for direct deposit) in person.

I prefer to have my paycheck (or check stub for direct deposit) mailed to the address on my W-4.

\_\_\_\_\_  
*Signature*

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