

## **PAYCHECK MAIL OUT FORM**

Eastern Washington University  
Office of Controller – Payroll  
319 Showalter Hall  
Cheney WA 99004-2445  
FAX: (509) 359-6869

This form must be received in Payroll at least 14 days before payday to take effect. This authorization will remain in effect until changed in writing with the payroll office.

**Please print the following information in ink and sign.**

Employee type:     Student     Not a student

EWU ID Number \_\_\_\_\_

Last Name \_\_\_\_\_

First Name and Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Work telephone number \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_