

Premier Health Services
“Delivering competence with confidence”

Check Authorization

(Today's Date)

To: Human Resources

I _____
(Employee's Name) (Employee Title)

Authorize _____ to pick up my check.

Check any one box:

1. For the Pay Period _____ ending _____ .
2. For all Pay Periods.

Employee Signature

Print Name

Reminder: A valid government issued ID / Premier ID is required to pick up a paycheck from our office. If box 1 is checked this form is only valid for the period stated above. A signed copy of your government issued ID and Premier ID must be attached to the form.