

Vanderbilt University

Payroll Check Distribution

Authorization Form

Home Department ID

Home Department Name

Please add or delete the following names from the list of individuals authorized to sign and receive payroll checks for this Home Department mail drop ID # _____.

Add
Delete _____
Print Name

Signature

Add
Delete _____
Print Name

Signature

Add
Delete _____
Print Name

Signature

Add
Delete _____
Print Name

Signature

Signature of Authorized PAF Responsible Person

Date

Send Completed Med Center Forms To
Medical Payroll S-2311 MCN 2567

Send Completed Univ Central Forms To
University Payroll Box 7718, Station B