

PAYCHECK MAIL STOP CHANGE FORM

The undersigned hereby authorizes the Western Michigan University Payroll Department to change the current designated paycheck distribution Mail Stop to the one indicated below.

Faculty/Staff

Employee ID:

Student

Name:

Phone:

Your Current Mail Stop Is:

The New Mail Stop Is:

(Employee Authorizing Signature)

Date:

(mm/dd/yyyy)

Print, Sign and Return this form to the Payroll Department – Mail Stop 5250

Rev. 05/04