This is the authorization form to use, ONLY if you choose to have another person pick up your check (s).



YEAR:

## QUARTZ VALLEY INDIAN RESERVATION Authorization for Check Release

Date:	//	_		To void t	his form, mark	and date:	Date:	
I,		_ hereby author	ize		,			
	(Print Name)		(Please Print)		,			
to pick	t up the following items (s):							
	<b>Payroll Check (s)</b> Permission granted for the te	Please Circle: rm of:		•				
	<b>Reimbursement Check (s)</b> Permission granted for the te			-				VOID
	<b>Travel Check (s)</b> Permission granted for the te	Please Circle: rm of:		-				
	<b>Non-Gaming Distribution</b> Permission granted for the te				-	•		VOID
	Non-Gaming Distribution	Check (s) for M	linor (s	5):		,		
	,				Please Circ	le: Once	Quarterly	VOID
	Permission granted for the te	rm of:	/	<u> </u>	to	/	/	
	Other Check (s) Type of Cl Please Circle: Once Week							
THIS IS FOR <u>EMERGENCY</u> PURPOSE <u>ONLY</u> : An original signed form must be filled out for further check pick up.								
	Phone Authorization taken by				Date: <u>/</u> /	Time:	AM /	PM
This person has been authorized to pick up this check:								

(Employee, Participant, or Member's Signature)