



P.O. Box 706, Essex Junction, VT 05453-0706
Phone 802 655-6160 Fax 802 655-7263 www.paydata.com

PICK-UP AUTHORIZATION FORM

Date: _____

Company #: _____ Company Name: _____

As an added measure of security and confidentiality, PayData will require clients to sign for their payrolls when they pick them up.

Below, please supply PayData with a current list of authorized personnel who will be picking up your payroll. If someone other than the people listed below is going to pick up your payroll, please call and let your representative know in advance, so that we will be expecting them. This person will be required to show a form of identification.

Thank you for your cooperation.

Name (please print): _____

Signature: _____

Name (please print): _____

Signature: _____

Name (please print): _____

Signature: _____

Name (please print): _____

Signature: _____

Primary Contact Authorization: _____ Date: _____