

----- **OPTIONAL** -----

E-MAIL PAYROLL STUB AUTHORIZATION

AUTHORIZATION AGREEMENT FOR E-MAILING PAYROLL CHECK STUB

COMPANY NAME _____ **COMPANY ID NUMBER** _____
City of Frankfort 616001826

I, _____, hereby authorize
PLEASE PRINT YOUR NAME
the City of Frankfort to e-mail me my bi-weekly payroll check stub to the following e-mail address instead of receiving a paper copy.

E-MAIL ADDRESS: _____
PLEASE PRINT

PLEASE READ AND ACKNOWLEDGE THE FOLLOWING TWO STATEMENTS:

INITIAL I will notify the City of Frankfort with a new e-mail, if ever I change the current one that the City of Frankfort has on file for me.

INITIAL I will open and read any and all e-mails that the City of Frankfort sends to me that are marked "City of Frankfort Memo - PLEASE READ".

SIGNATURE _____ **DATE** _____

I DECLINE AT THIS TIME, THANK YOU.