



# NEW YORK UNIVERSITY

## AUTHORIZATION TO RECEIVE PAYCHECKS

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| <b>Form DIS1000</b>                          |
| For Disbursement Use<br>Only (Date Received) |
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**NOTE:** To ensure the security of paychecks and to comply with applicable requirements, the Disbursement Office must maintain records of who in the University are authorized to receive paychecks for specific areas.

Please provide all information required below. Indicate ALL individuals who are authorized to receive paychecks delivered to your department. Paychecks will be released only to those named in this form. Please submit completed form to Disbursement Office.

### DEPARTMENT INFORMATION

|            |                    |                     |
|------------|--------------------|---------------------|
| DEPARTMENT | DEPARTMENT ADDRESS | CHECK LOCATION CODE |
|            |                    |                     |

### INDIVIDUALS AUTHORIZED TO RECEIVE PAYCHECKS

| NAME | SIGNATURE | TELEPHONE |
|------|-----------|-----------|
|      |           |           |
|      |           |           |
|      |           |           |
|      |           |           |

### DATE EFFECTIVE

|   |   |
|---|---|
| Please indicate the date by which this authorization becomes effective. This is to ensure that Disbursement refers to the most current information.<br><br>Please make sure that information is updated consistently. Inform Disbursement immediately when an individual is no longer authorized to receive paychecks for your area. Always list all individuals authorized on every "renewal/update" form. | <b>DATE AUTHORIZATION IS EFFECTIVE</b><br><br><div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
|---|---|

### APPROVAL/AUTHORIZATION

|  |                   |      |
|--|-------------------|------|
| NAME OF APPROVER (DEAN, DIRECTOR, DEPARTMENT HEAD) | TELEPHONE         | DATE |
|  |                   |      |
| SIGNATURE  | NYU EMAIL ADDRESS |      |
|  |                   |      |

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|---|---|
| <b>Submit completed forms to:</b><br><br>Disbursements, Office of the Controller<br>726 Broadway, 9th Flr.<br>New York, NY 10003-9580<br>Telephone: (212) 998-2840<br>Fax: (212) 995-4506 | <b>Comments:</b><br><br><div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
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