



The Institute for Family Enrichment
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CONSENT TO MAIL PAYCHECKS/PAYSTUBS

In lieu of picking up my paycheck/paystub at the TIFFE office, I, _____ ,
hereby request that my paycheck/paystub be sent to the following address:

I understand that in the event there is a delay in the mail delivery, I must allow at least five (5) business days before reporting its non-delivery.

I further understand that:

1. If I request a replacement check, I will be responsible for the “stop payment fee” on the original check.
2. My original check will be voided immediately and it will not be able to be “cashed” even if it is received the next day.
3. I must allow two (2) business days for the processing of another check.
4. I must pick-up the new check at the TIFFE office.
5. I must check with the TIFFE office to keep my mailing address current.

Signature

Date

Witness Signature