



MEMO

TO: Deans and Directors
FROM: Payroll & Tax Services

Expert Business Office _____

Please indicate in the spaces provided below the name and signatures of all persons from your EBO authorized to receive employee paychecks and statements at the WVU Payroll Office.

SCHOOL, COLLEGE OR DIVISION _____

1. Name (Print) _____

(Signature) _____

2. Name (Print) _____

(Signature) _____

3. Name (Print) _____

(Signature) _____

4. Name (Print) _____

(Signature) _____

5. Name (Print) _____

(Signature) _____

6. Name (Print) _____

(Signature) _____

ONLY THOSE PERSONS FOR WHOM WRITTEN AUTHORIZATION HAS BEEN RECEIVED WILL BE PERMITTED TO PICK UP PAYCHECKS AND STATEMENTS

SIGNATURE (DEAN OR DIRECTOR): _____

DATE: _____

WVU Payroll and Employee Processing,
One Waterfront Place, PO Box 6005,
Morgantown, WV 26506-6005
Phone: 304.293.3379
Fax: 304.293.7266