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