



# AUTHORIZATION TO RELEASE CHECK TO INDIVIDUAL OTHER THAN EMPLOYEE

Americare does not release checks to individuals other than an employee without written consent from the employee. To authorize the release of your check, **this form must be submitted with original signatures. Facsimile copies will not be accepted. This form must be written legibly in INK.**

I \_\_\_\_\_, hereby authorize Accessible Healthcare Solutions to release my  
(Printed employee name)  paycheck  payroll advance check  mileage check  
to the following individual:

Print name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

On the following date: \_\_\_\_\_

I have advised this individual that they will need proper identification to receive the check, such as a driver's license or state-issued identification card. \_\_\_\_\_ Employee initials

I acknowledge that once my check is in the possession of the individual listed above, it is that individual's responsibility to deliver the check. \_\_\_\_\_ Employee initials

***This authorization is good only on the date as outlined above.***

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Social Security Number of Employee

Return **original** signed form to: AMERICARE - Payroll Department  
1247 MacArthur Drive, Suite A  
Alexandria, LA 71303

***DO NOT WRITE BELOW THIS LINE - FOR PAYROLL USE ONLY***

SIGNATURE OF INDIVIDUAL RECEIVING CHECK: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DRIVER LICENSE  STATE ISSUED ID CARD  OTHER: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

PAYROLL REPRESENTATIVE RELEASING CHECK: \_\_\_\_\_