

Date:

To: Pink Payroll

I authorize a second set of payroll checks prepared by Pink Payroll to be delivered to us. I requested a payroll rerun. I am fully responsible for destroying the first set and understand that Pink Payroll has no responsibility should duplicate or second payroll checks be distributed in error.

A facsimile or digital image copy of this signed document will be valid as an original.

Authorized by name: _____

Company: _____

Payroll Account No: _____

Signature: _____

Date: _____

PLEASE FAX OR EMAIL TO PINK PAYROLL AT:

payroll@pinkpayroll.com

fx 866-212-5570

