

Eddy



County

EMERGENCY PAY CHECK RELEASE FORM

Based on this agreement, in case of incapacitation or other emergency situation that prevents me from taking delivery of my pay check or direct deposit advice, I give permission to Eddy County to give said document to my representative or spouse, who is;_____.

This emergency release form will be in effect until such time it is revoked by the below signed employee.

Employee Signature

Witness Signature

Employee Name – Printed

Witness Name – Printed

Date

Date