

Eddy



County

**One-Time Pay Check Release Form**

I, \_\_\_\_\_, hereby give permission for Eddy County to release my pay check to the following person \_\_\_\_\_.  
This release is valid only for the payday of \_\_\_\_\_, \_\_\_\_\_.

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

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

\_\_\_\_\_  
Employee Name – Printed

\_\_\_\_\_  
Witness Name – Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Identification verified and check released as requested.

\_\_\_\_\_  
Department Representative

\_\_\_\_\_  
Date