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**Mail My Check Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name) am authorizing Exclusive Personnel and their staff members to mail my check to the address listed below. I understand by doing so I am releasing any, and all responsibility from Exclusive Personnel and their staff members regarding my pay check.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name) am releasing all responsibility from Exclusive Personnel and their staff members of my check by dropping it in the USPS mail system. I understand if my check is lost, not delivered to me, or delivered back to Exclusive Personnel within 14 days of mail date that I must wait an additional 14 days to have my check reissued.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name) understand if I cash a check that has been reportedly stolen or lost I will be charged with theft. I understand that Exclusive Personnel and their staff members will report the abuse to the local authorities, and I will face criminal charges.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

2080 N State Hwy 360

Office: (972)606-8700 Fax: (972)606-8704

Email: Edgar@exclusivepersonnel.net