



Odyssey Associates

www.odysseynv.com

Request to Mail Check

STATE OF NEVADA
COUNTY OF CARSON

Whereas it would be of benefit to have my paycheck mailed to me, I hereby authorize Odyssey Associates, Inc. (Odyssey) to mail my check to me at the following address:

In consideration of this service, I release and hold harmless Odyssey from any responsibility concerning the loss, endorsement or cashing of the check. I agree that the check will be considered delivered to me upon deposit in the United States Mail. If I have a change of address I agree to notify Odyssey immediately and file a new W-4. My failure to notify of change of address will relieve Odyssey of any responsibility for delivery of the check. I understand that any bank charges for stop payment at my request will be deducted from the replacement check or from monies owed to me. Odyssey will not issue a replacement check without stopping payment on the original check.

Signed this _____ day of _____, 20 _____.

Employee

Signature:

Employee Name (Print): _____

1817 North Stewart Street, Suite 20 • Carson City, NV
89706 Telephone 775-283-0040 • Fax 775-283-0035
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