

**Please complete the attached form and return to the  
Payroll Office Room 106 Alumni Hall**



**Decline Paper Pay Statement Authorization**

Name: \_\_\_\_\_(please print)

Employee Personnel Number: \_\_\_\_\_(may be found on pay statement)

I currently receive my total biweekly net pay through direct deposit to my designated financial institution(s). This signed document authorizes the Pennsylvania State System of Higher Education to stop issuing a biweekly paper pay statement on my behalf. I understand that my pay statement is available electronically through Employee Self Service and I will no longer be provided a paper copy. I am aware of the procedures to access and use Employee Self Service and will notify the Human Resource or Payroll Office with any questions that may arise. I also understand that I may revoke this election and in the future receive a paper pay statement.

Effective with pay date of: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)