



PAPER CHECK AUTHORIZATION FORM

******Send completed forms to LaSalle Network at
200 N. LaSalle St., Suite 2500 Chicago, IL 60601 or fax forms to 312-589-6764******

I hereby request LaSalle Network to pay my wages in the form of a paper check. I understand that this is not the preferred form of payment.

I further understand that **should my check become lost or stolen, I will have to wait two weeks for LaSalle Network to reissue a new check.** I further understand that I may be responsible for any reissuance fees LaSalle Network may incur, and I understand that I will have to come into one of the LaSalle Network branch offices to pick up my replacement check.

This agreement will remain in effect until LaSalle Network receives a written notice of cancellation from me.

Print Name: _____

Signature: _____ **Date:** _____