

MiraCosta Community College District
Payroll Department
DESIGNATION FOR RELEASE OF PAY WARRANT

EMPLOYEE NAME _____ **SS#** _____

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following person to pick up and/or receive all warrants or checks that will be payable to me from **MiraCosta Community College District**.

Check this box only if no designee is listed below. You understand that your check will not be released to another party in the event of your death.

NAME OF DESIGNEE _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

In the event that the person indicated above predeceases me, I hereby designate the following person as a secondary designee.

NAME OF SECONDARY DESIGNEE _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until canceled in writing.

On sufficient proof of identity, the district shall release the warrants or checks to the above designee. The designee who receives a warrant or check is entitled to negotiate it as if the payee.

SIGNATURE _____ DATE: _____

NOTE: IT IS IMPORTANT THAT YOU UPDATE THIS FORM WHEN CHANGES OCCUR THAT WOULD AFFECT YOUR DESIGNATION.