	INFORMATIC	ON FOR REPORT	ING NON-	-RECEIP	T OF CA	ASUAL HIRE TREAS	SURY CHECK	
		Casual must com	plete form	and sub	mit to fi	re payment center.		
	t Bureau Org Pay Pro							
Casual Name:						SSN:		
2. Check was o	riginally sent to	Address:						
City:						State:	Zip:	
	Re-Issue Information ====================================				RE-ISSUE AS A TREASURY CHECK TO: Address			
Number				-				
Account				-OR-				
Туре	Checking	Savings			City		State	Zip
Should the or	•	ry Check eve	⊟ Rec □ Rec □ Rec	ceived, l	then los but darr hereby	at or stolen naged or incorrect / certify that I w). Box 272030,	ill promptly re	eturn it,
Casual Signature				Date				
Phone Nur	mber							
Current Ma	ailing Address:							
City				State Zip				
*Th	is section will update	e your corresponden	nce address	only. This	s includes	W-2's and Wage and	Earning Statements	i.
			-		-	D		
	-	ual hire's request				Phone		
-								
POD Signature POD Signature								
obsignature			A10b (Re	vised 08	-2013)			

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