

PAYCHECK RELEASE AUTHORIZATION

In the event of my death or disability while employed by the City of Carson, I
_____ designate the following person to receive any
(Print Name)
wages or benefits due to me.

Name: _____

Relationship: _____

Address: _____

Telephone: _____

In the event I survive the above designated person, I wish to designate the following person as an alternate:

Name: _____

Relationship: _____

Address: _____

Telephone: _____

This release is executed pursuant to government Code Section 53245.

EMPLOYEE'S SIGNATURE

DATE