



Payroll Information Release Form

Please complete this form in its entirety. This release is not valid if it does not contain the employee's original signature and date signed or if it has expired as described below.

I hereby authorize: Winning Wheels, Inc.
501 6th Avenue West
Lyndon, IL 61261
Fax: 815-778-4503
Email: floaty@mchsi.com

To release information from the payroll records of:

Name: _____
Address: _____
Telephone: _____
Birthdate: _____
SSN (only last 4 digits): _____

I specifically authorize the release of pay history, including wages and withholding information:

Covering the periods: From ____/____/____ To ____/____/____

This information is to be disclosed to:

Name: _____
Address: _____
Fax: _____
Phone: _____

***Please Note: Payroll information cannot be emailed.**

Affirmation of Release:

I give Winning Wheels permission to release my payroll information to the individual(s) or agency(s) I have named. This authorization is valid for 30 days or unless it is revoked in writing prior to that date.

Signature

Date