

**DE-AUTHORIZATION AGREEMENT FOR  
ELECTRONIC PAY STUB SUBMISSIONS**

\_\_\_\_\_ By initialing here and signing below, I hereby notify the Human Resources Department of Alan Ritchey, Inc. that I wish to receive my pay stub in a paper form.

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE ID\*: \_\_\_\_\_

(\*Employee ID can be found on the bottom left of our most recent pay stub)

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please return** completed form to: Alan Ritchey, Inc. Human Resources Department, Attn: Payroll.  
Email: [gshaffer@alanritchey.com](mailto:gshaffer@alanritchey.com); Fax: 940-726-5250; or Mail: 740 S. Frontage Road, Valley View, TX 76272