



Wayne County Community College District Employee
Authorization to Disburse Earnings and Allowances

I hereby declare that it is my will to authorize Wayne County Community College District to disburse, **in the event of my death**, any and all vacation monies, wages, salary, monetary allowances or reimbursements and any other monies to which I shall have accrued a right of payment from the College at the time of my death to:

Beneficiary Name: _____

Social Security#: _____ - _____ - _____

City and State: _____

This authorization may only be revoked by writing specifically referencing this authorization which is communicated to the College or by the intentional physical destruction of the original of this document by the employee executing this authorization. A general revocation of prior wills and/or codicils shall not be effective as to this authorization.

This authorization shall be governed by the laws of the State of Michigan.

This authorization is executed this _____ day of _____ 20_____.

Employee Signature

Student Identification

(For Office Use Only)

This authorization was declared by _____ to be his/her will as to the disbursement of monies in the event of his/her death.

Date: _____

Witness

Title