



CONSENT FOR E-MAILED PAY STUBS

NAME _____

E-MAIL ADDRESS _____

By signing below, I hereby consent to receiving my payroll stubs and any and all payroll-related notices, disclosures, and other communications electronically and by email. I understand that my consent to receive electronic delivery of such communications is voluntary, and may be withdrawn at any time. It is my responsibility to ensure my contact information is accurate, complete, and is updated as often as is necessary. I also understand that any changes I make to my contact information, especially my email address, may affect or prevent the electronic delivery of such payroll stubs and communications. I acknowledge that I am solely responsible for the privacy of my email account and maintaining the confidentiality of my password and email account information.

Signature _____ Date _____

This form may be scanned and emailed to Bonnie@Aabakus.com, or faxed to (615) 371-8608. Questions? Contact the Aabakus, Inc. offices at (615) 377-3900.