CHECK RELEASE AUTHORIZATION FORM



I,	authorize Altman Specialty Plants to release my
check to	·
Employee Signature	Date
Supervisor Signature	Date
Signature of Person Receiving Check	Date
Payroll or HR Signature	Date
Check # Check	Amount \$
3742 Bluebird Canyon Road Vista, CA 920	084 Office (760) 744-8191 Fax (760)744-8835