



Employee Change of Information

Please fill in name, employee number and CHANGED information, Sign, Date and return.

Name _____

Employee Number _____ Social Security Number _____
See pay stub

Address _____

City, State, Zip _____

Phone Number(s) _____

For Name change, please provide the former name (here) _____ sign this form (at bottom of page) and send it in now, then visit the Social Security Administration office on South Broadway for a new Social Security Card. Once you receive the card. Make a copy and send the copy in to the office ASAP.

Please fill in this boxed area and sign below for Direct Deposit of your pay.

Employee Instructions: Complete the above and below information sections of this form. For checking account deposits, **attach a voided check**. For savings account deposits, attach a MICR specification sheet from the financial institution where the account is held. Sign and return to office.

Joint Account Holder's Name (if applicable) _____
Not your name

Enrollment Action (circle one): **New Request Change Cancel**

Account Information: Institution Name/Branch Location _____

Bank Routing/Transit number :1) _____
(Nine digits between these symbols: :1 From Check -NOT deposit slip.

Account number _____
The digits following the Routing/Transit Number and ending with: 00

Direct Deposit Authorization: I understand the rules and regulating my direct deposit request. I authorize the direct deposit of the specified payroll earnings into the preceding account each payroll. This authorization will remain in effect until I have provided notice of a change in writing, and have afforded my employer a reasonable opportunity to act upon it.

I understand that no matter what method I choose to get paid, completed shift information must arrive the office before Noon on the 10th and/or before Noon of the 25th of each month to be paid on the corresponding payday. Should my time sheet(s) arrive late, my pay will be delayed two and 1/2 weeks.

Employee Signature _____ Date _____

For Office Use Only:

Date received by office: _____ Wizard: _____

Date Submitted to Payroll Company: _____ Outlook/Word: _____