

PAYROLL SELECTION CHANGE FORM

Name: _____

Social Security #: _____

Work Location(School) _____

_____ My address on my check is incorrect. Please change it to read as follows:

Name: _____

Street or Box _____

City: _____

State: _____ Zip Code: _____

DIRECT DEPOSIT INFORMATION

I (we) hereby authorize Johnson City Schools to initiate debit entries and to initiate, if necessary credit entries and adjustments for any debit entries in error to my account indicated below and the depository named below, to debit and /or credit the same to such account.

Depository Name: _____

This authorization is to remain in full force and effect until the Johnson City Schools has received written notification from me of its termination in such time and in such manner as to afford Johnson City Schools and Depository as a reasonable opportunity to act on it:

NAME(S): _____

SOCIAL SECURITY # _____

DATE: _____

SIGNED: _____

(Employee Signature)

(PLEASE ATTACH VOIDED CHECK)

***** Please note this will not be processed without a VOIDED CHECK *****