

EAST CENTRAL INDEPENDENT SCHOOL DISTRICT
Payroll Change Form

Name: _____ Campus/Dept: _____

Social Security # _____ Date _____

NAME, ADDRESS & PHONE # CHANGES

New Name: _____

New Address: _____
(Street) (City, State, Zip)

New Home Phone: (____) _____ New Cell Phone: (____) _____
Area Code Area Code

DIRECT DEPOSIT CHANGES

____ Cancel Direct Deposit:
Bank Name: _____
Account Number: _____
Effective Date: _____

____ Cancel Wells Fargo Pay Card
Effective Date: _____

You must complete a Direct Deposit of Payroll Authorization Agreement in order to add a new bank account.

MISCELLANEOUS CHANGES

____ Delete Firstmark Credit Union Deduction
Effective Date: _____

Other Changes _____

Employee Signature

Changes completed by: _____ Date: _____
Verified by: _____ Date: _____
**Changes need to be submitted prior to Close-Out Dates.*

7/22/15 Checklist: Reg 20: ____ Excel Change List : ____ Trans: ____ File Folder: ____ Medical Folder: ____ TCP: ____ Aesop: ____

I-9 (name changes): ____ Salary Spreadsheet: ____