

EAST CENTRAL INDEPENDENT SCHOOL DISTRICT
Payroll Change Form

Name _____ Campus _____

Social Security # _____ Date _____

NAME & ADDRESS CHANGES

New Name _____

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

Home Phone (_____) _____ Cell Phone (_____) _____
Area Code Area Code

INSURANCE COVERAGE/HEALTH SAVINGS ACCOUNT CHANGES

Name of Insurance/HSA _____

Effective Date of Change _____

Change Required _____
(For example: delete, add, etc.)

Reason for Change _____

Health Savings Deduction Amount _____

MISCELLANEOUS CHANGES

Delete Firstmark Credit Union Deduction Effective: _____

Cancel Direct Deposit: Bank _____
Effective Date _____
(To add direct deposit, Complete a Direct Deposit of Payroll Authorization Agreement)

Other Changes _____

Employee Signature

Ins. Chg Initialed: _____ EF _____

Payroll Office Use: _____

**Changes need to be submitted prior to Close-Out Dates.*