

PAYROLL CHANGE FORM

PLEASE CHECK PURPOSE OF THIS FORM

EFFECTIVE DATE
OF CHANGE: _____

SIGNATURE _____

SOCIAL SECURITY NO. ____ - ____ - _____

NAME CHANGE _____
(ATTACH COPY OF SOCIAL SECURITY CARD)

CHANGE OF ADDRESS _____

_____ TO CHANGE FEDERAL AND/OR STATE INCOME TAX DEDUCTIONS PLEASE COMPLETE
AND ATTACH A FORM W-4 OR L-4. THESE FORMS ARE IN THE OFFICE AT YOUR SCHOOL.

_____ PLEASE CANCEL THE FOLLOWING PAYROLL DEDUCTIONS IF THEY ARE NOT IN THE
SECTION 125 PLAN:

NAME OF COMPANY

AMOUNT

_____ OTHER CHANGES: _____

_____ BANK MAILING ADDRESS _____

TO HAVE YOUR CHECK MAILED TO A BANK PLEASE ATTACH A VOIDED
DEPOSIT SLIP AND ENTER THE ADDRESS TO WHICH THE CHECK WILL BE
MAILED. CHECKS ARE MAILED ON THE 27TH OF EACH MONTH.

**REQUEST FOR PAYROLL CHANGES MUST BE RECEIVED NO LATER THAN
THE 10TH OF EACH MONTH.**