

# 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: \_\_\_\_\_

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## 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 \*\*\***