



EMPLOYEE PAYROLL CHANGE FORM

Date: ____/____/____

Employer Name: _____

Employee Name: _____

Effective Date of change(s): ____/____/____

CHANGE TYPE:

____ Address Change to: _____

____ Direct Deposit Change: Attach new Direct Deposit Authorization form with voided check OR bank document with routing and account number.

____ E-Mail - Change to: _____

____ Name - Change to: _____

____ Pay Rate: Old Rate: _____ per _____ **NEW RATE:** _____ per _____

____ Tax Status - Change to: Federal: _____ MA: _____

____ Stop Deduction: _____ per _____

____ Add Deduction: _____ per _____

____ Terminate Employee: Last Day Worked: ____/____/____

____ Reactivate Employee: (W4 and direct deposit forms must be included.)

____ Deactivate Employee: (This will put employee "on hold" without termination.)

Notes: _____

Completed By: _____



Direct Deposit Authorization Form

Employer Name: _____

Employee Name: _____

I authorize the above-named employer, and the financial institution to deposit my net pay and/or flat amount automatically into my account(s) each payday, and to initiate any necessary adjustments for entries made in error to my account.

A VOIDED CHECK OR DOCUMENT FROM YOUR BANKING INSTITUTION SHOWING THE ROUTING (ABA) AND ACCOUNT NUMBERS MUST BE ATTACHED.

Please indicate account type:

Checking **Savings**

Signature

Date