



# Name/Address Change Form

(please check)

**Name Change**  
(Complete entire form)

**Address Change**  
(Complete address section only)

DATE \_\_\_\_\_

PREVIOUS NAME \_\_\_\_\_

### Address Section

CURRENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

WORK LOCATION \_\_\_\_\_

COMPLETE EACH OF THE FOLLOWING FOR **NAME CHANGE ONLY:**

Name Change Form

Copy of Social Security Card or Receipt from Social Security Office

W-4 Form

Retirement Change Form (if eligible)

Direct Deposit Change (only if account number has changed)

Insurance Enrollment Form (see Cathy Bilbey, Business Office)

**NOTE:** This form must be in the **Payroll Office** on or before the **TENTH DAY** of the month in order for it to be processed for that month's payroll.