

**Foundation for Early Childhood Education  
Change of Personal Information**

**Employee Name** \_\_\_\_\_ **File #** \_\_\_\_\_

Please change my current ADDRESS OR PHONE NUMBER information to the following

Check the box that apply:     Payroll     Transamerica Pension     Reimbursement Checks

OLD

NEW

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

**DIRECT DEPOSIT INFORMATION**

PLEASE STOP MY DIRECT DEPOSIT.

PLEASE *START* MY DIRECT DEPOSIT. YOU NEED ATTACH A COPY OF A VOIDED CHECK. (*YOUR NAME AND ADDRESS MUST BE PRINTED ON THE CHECK*, if your check does not have your name and address printed on it you will need to attach verification from your bank with your name and account number).

CHANGE MY ACCOUNT # FROM THE SAME BANK. You MUST attach a voided check with the new account number.

CHANGE MY SAVINGS DEDUCTIONS FROM \$\_\_\_\_\_.00 TO \$\_\_\_\_\_.00

**CREDIT UNION DEDUCTION**

PLEASE *STOP* MY CREDIT UNION DEDUCTION.

PLEASE *START* DEDUCT \$\_\_\_\_\_.00 FROM EACH PAYCHECK.

PLEASE *CHANGE* MY DEDUCTION FROM \$\_\_\_\_\_.00 TO \$\_\_\_\_\_.00



INDICATE EFFECTIVE DATE FOR CHANGE IN DEDUCTION STATUS:

(EFFECTIVE DATE) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*ALL OTHER DEDUCTIONS (i.e. AFLAC, Kaiser, Securities, Great West Life)  
REQUIRE A DIFFERENT FORM\*\***