

ACADIA

Care Group

Change of Information Form

Directions: Fill in with information that is currently on file.

Name:	Date:	
Address::	Apt #:	City, State:
Phone Number:	Zip Code:	

Mark the box appropriate to the information you wish to change in your employee file and provide the necessary documentation

Payment Method

- I elect to receive my paycheck via live check mailed directly to my current address.
 One Time Only Permanent
- I elect to receive my paycheck via direct deposit to my bank account and have provided a voided check or direct deposit form from my bank on their letterhead.

Date Effective: _____

Tax Information

- I elect to change my W-4 (Federal) tax form and have provided a new form with the desired changes.
- I elect to change my A-4 (State) tax form and have provided a new form with the desired changes.
- I elect to change my I-9 (Employment Eligibility) tax form and have provided a new form with the desired changes.

Date Effective: _____

Legal Name

Print Your Full Legal Name: _____

- I have legally changed my name and elect to have my file updated and have provided the necessary documentation reflecting the updated information. **Necessary Documentation: Social Security Card, Driver's License, Marriage License or Court Documents, Tax Forms, Transportation Release, Fingerprint Card**

Date Effective: _____

Address

- Physical Address: Mailing Address:

Date Effective: _____

Phone Number

- Home: _____ Cell / Other: _____

Date Effective: _____

Other: _____
