

**PAYROLL CHANGE FORM**

DEKALB INDEPENDENT SCHOOL DISTRICT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone Number

**Direct Deposit Information:**

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Routing #

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Account Type

Please make the following changes in deductions from my paycheck:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize this change beginning \_\_\_\_\_

Signed \_\_\_\_\_

This form must be signed and social security number included, and returned to central office **before the 10<sup>th</sup>** of each month for the changes to be made. **Any changes received after the 10<sup>th</sup> will go into effect the next month.**