

# INFORMATION CHANGE FORM



For use with: Change of Name / Address.

Employee Name: _____	Effective Date of Change: _____
Department: _____	AIU3 Email: _____

*\* Please check the appropriate box and enter your information.*

**NAME CHANGE**

Previous Name: \_\_\_\_\_

Current Name: \_\_\_\_\_

**ADDRESS CHANGE**

Previous Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ZIP: \_\_\_\_\_

\* Township / City / Borough: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ZIP: \_\_\_\_\_

\* Township / City / Borough: \_\_\_\_\_

*\*NOTE: Please provide your Township / City / Borough for local tax purposes.*

**Once form is complete, click on the SAVE FORM button. The form will automatically be distributed to the payroll department.**