

CITY OF SAINT PETER
PAYROLL CHANGE FORM

Employee name: _____ # _____

Please make the following payroll change:

New Address: _____

New Phone #: _____

New Email for Direct Deposit Notice: _____

Change Primary Bank for Direct Deposit Bank Name, City, State _____
Bank Routing Number _____
Bank Account Number _____
Checking _____ OR Savings _____
Effective Date: _____

To have a specific \$ amount of your pay check direct deposited to another checking or savings account, please provide the information below.

Amount: \$ _____ Bank Name, City, State _____
Bank Routing Number _____
Bank Account Number _____
Checking _____ OR Savings _____
Effective Date: _____

Amount: \$ _____ Bank Name, City, State _____
Bank Routing Number _____
Bank Account Number _____
Checking _____ OR Savings _____
Effective Date: _____

Employee Signature _____ Date _____