REDMOND FIRE & RESCUE

341 NW Dogwood Ave
Redmond, OR 97756
Phone: (541)504-5000
Fax: (541)548-5512
www.redmondfireandrescue.org

PAYROLL CHANGE FORM

Employee Name:_____

Payroll changes to be made (must be received 7 days prior to payroll date of change):

☐ Contact Information (please complete following)

Home Address:_____City:_____State:_____Zip:_____
(If different)

Mailing Address:_____City:_____State:_____Zip:_____

Home Phone:_____Cell Phone:_____

☐ Tax Withholdings (please attach a completed W-4 form)

☐ Direct Deposit (please attach a completed Direct Deposit form for bank changes)

Checking 1 $_____ Savings 1 $_____
Checking 2 $_____ Savings 2 $_____
Checking 3 $_____ Savings 3 $_____

☐ Payroll Deductions

☐ Central Oregon Police Chaplaincy $_____
☐ FSA $_____
☐ 457 Plan $_____ or _____%

(Attach appropriate change documents from provider – i.e. Nationwide, Hartford, OGSP.)

Employee Signature: _____ Date:_____

Finance Manager Signature: _____ Date:_____

Submit Form

Revised: 02/22/2012