

In an effort to update our records we are asking that each employee complete this form.

Please remember that marriage, divorce, births, etc. may affect your federal and state withholdings. Also, indicate if it is necessary for you to update/change your retirement and/or life insurance beneficiary.

Please **PRINT** all information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Direct Deposit Information: **ONLY IF DIFFERENT (WILL NEED NEW VOIDED CHECK)**

Bank Name _____

Routing _____

Account _____

Emergency contact: _____

Emergency contact phone: _____

I will need to change my W-4 for the tax year. Yes _____ No _____

I need to update/change my retirement beneficiary. Yes _____ No _____

I need to update/change my life insurance beneficiary Yes _____ No _____

Signature _____

Date _____