

# REQUEST FOR CHANGE IN PAYROLL DISTRIBUTION

# JCCC

Payroll Department  
GEB 218

Date: \_\_\_\_\_

Name: \_\_\_\_\_ JCCC ID: \_\_\_\_\_  
Please Print

I am requesting the following change:

Please **mail** my check for \_\_\_\_\_  
**Specify paydate(s)**

Please **mail** my check for \_\_\_\_\_ to the  
following address: **specify paydate(s)**

\_\_\_\_\_  
Name (if other than payee)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Please **mail** my check **permanently**.

**(NOTE: DO YOU NEED TO COMPLETE A CHANGE OF ADDRESS FORM?)**

Please **do not** mail my check for \_\_\_\_\_  
**Specify pay date(s)**

or  **Permanent Change**

I will sign for and pick up my check in the following office:

Division Office \_\_\_\_\_  
**(Division name)**

Financial Services - GEB 152

**Note: A stop payment will not be placed on a check, which is lost in the mail  
before ten (10) working days have passed.**

\_\_\_\_\_  
**Signature**