

**Central Missouri Community Action
Employee Authorization for Changes for:**

Change of Address/Phone Number:

Change of Name or Marital Status:
Change From: _____
Change To: _____

Insurance Changes: _____

MACA Dues:
Increase to: _____ Cancel: _____

Withholding changes (include new forms)

Other: _____

In the case of an address change, I give CMCA permission to update my new address in their records as well as update my new address with the health, life and dental insurance companies (if applicable).

Employee Printed Name

Employee Signature & Date

Date HR rec'd: _____

Copy forwarded to Accounting: _____

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- Insurance Changes: HR will send you the appropriate forms to add dependents or cancel health, life, or dental insurances after this form has been submitted to HR noting the requested change.
 - Withholding Changes: To change withholdings, please submit completed forms such as State W-4, Federal W-4, etc.
 - Name Change: For change of name, please present supporting documentation such as a copy of your social security card or driver's license.
 - Processing: Please allow up to 30 days for the above changes to be processed by the Human Resources and/or Accounting Departments.
 - Please Note: Changes will be accepted by mail and fax only. Changes will not be accepted by email. All forms necessary for employee changes must be signed by the employee. Failure to sign the appropriate forms will cause a delay in processing the requested change.
 - Direct Deposits: Changes of direct deposit accounts will not be made without a completed "Authorization for Direct Deposit" form and a voided check, savings deposit slip, or bank verification of account. The voided check, savings deposit slip or bank verification must include the account number, routing number and employee name. The account in which your direct deposit is submitted MUST have your name on the account.