

NAME AND/OR ADDRESS  
CHANGE NOTIFICATION FORM

Name: \_\_\_\_\_

Name change to: \_\_\_\_\_

New street address: \_\_\_\_\_

New mailing address (if different from above): \_\_\_\_\_

New city, state and zip code: \_\_\_\_\_

New phone number (if applicable): \_\_\_\_\_

Effective Date: \_\_\_\_\_  
(Please provide proof if changing legal name)

Employee signature: \_\_\_\_\_

**Must be received at least 10 days prior to pay day in order  
for the change to take effect for that pay day.**

\_\_\_\_\_  
Auditor's office use only below this line

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

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

Payroll changes made by (initials only): \_\_\_\_\_

Benefits changes made by (initial only): \_\_\_\_\_

Auditor's Office – 222 W. Main St. – PO Box 889 – Washington, IA 52353  
Phone – (319) 653-7715  
Fax – (319) 653-7788