Centralia CollegeInformation Change Form

Name:		Phone #:
SID #:		
	ny address in Student Ser	
Please mail my	payroll check(s) to the abo	ove address.
I will pick up r	ny payroll check(s) at the C	Centralia College Cashier's Office.
Please cancel r	ny direct deposit. Effectiv	/e:
Please leave m	y current direct deposit in e	effect.
Signature		Date