



## Attendant Status Change Form

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

Consumer Name: \_\_\_\_\_ Local Office: \_\_\_\_\_

<b>Fill out only the sections the Attendant needs changed.</b>	
<input type="checkbox"/>	<b>New Name:</b> _____ Please attach a copy of your updated, <b>signed</b> Social Security card.
<input type="checkbox"/>	<b>New Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>ZIP:</b> _____
<input type="checkbox"/>	<b>New Phone Number:</b> (_____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<input type="checkbox"/>	<b>New Email Address:</b> _____
<input type="checkbox"/>	<b>Cancel Direct Deposit Effective Date:</b> _____ Please write the date you want your direct deposit to end.
<input type="checkbox"/>	<b>Employment Termination Date:</b> _____ Please write the last day you worked.

By signing below, you agree the information on this form is accurate and you have all supporting documentation in your possession.

Attendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_