

## CHANGE OF ADDRESS

**TO:** CUSTOMER SERVICE REPRESENTATIVE

NAME OF EMPLOYEE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTES:**      **THE ABOVE ADDRESS WILL ONLY BE USED FOR W-2,  
BONDS, TSP, AND LEAVE AND EARNINGS STATEMENTS.**

**ALL NEW PERSONNEL ARE REQUIRED TO FILE A DIRECT  
DEPOSIT SIGN-UP FORM, SF 1199A, AS A CONDITION OF  
EMPLOYMENT.**

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

The above information will be protected by the Privacy Act of 1974.