

BEREAN BAPTIST CHURCH AND ACADEMY

Fayetteville, NC 28314



Employee Information Update Form

This form is divided into two sections – the top section applies to All Employees and the bottom sections applies to only Full-time 12-month Employees and Full-time 10-month Faculty

ALL EIVIPLOTEES	
Legal Name	-
Name you go by (if different than legal name)	
Mailing Address:	Physical Address (if different than mailing):
Home Phone Number ()	Cell Phone Number ()
Ministry Email Address	
(This is the email address that will be used to send you minis	try information and your pay vouchers)
My Federal or State dependent status has changed (If you checked YES, it is your responsibility to submit the app	d? YES NO propriate W4 or NC4 to the Finance Office in a timely manner)
My Direct Deposit information has changed? YES_(If you checked YES, it is your responsibility to submit a VOID	NO O check and a new ACH Form to the Finance Office in a timely manner)
I would like my tithe/offerings deducted from my (If you checked YES, please submit the Authorization Form st	paycheck? YES NO tating the amount/percentage you would like deducted from each pay)
FULL-TIME 12-MONTH EMPLOYEES AND FULL-TIM	//E 10-MONTH FACULTY
I would like my child/children's tuition deducted fr (If you checked YES, the Finance Office will deduct an equal of	· · · ————
My Group Health Insurance Status has changed? Y (If you checked YES, it is your responsibility to submit the app	
I am interested in information regarding a 403 (b) (If you checked YES, please see the Business Manager for mo	• • ————
I am a 10-month Full-Time Faculty Member and I v (20 pay periods = August 13 through May 28 and 24pay perio	would like to be paid over 20 or 24 pay periods fods = August 13 through July 28)