## COMPTROLLER OF MARYLAND CENTRAL PAYROLL BUREAU

## PAYROLL ADDRESS FORM

Please print or type all information
This form must be filled in BLACK INK for electronic imaging

Agency Number	Social Security Number	Employee Name
Payroll System (ch	eck one) Name of Employ	ring Agency
RG CT	UM	
New Address		
Address Continued	(if needed)	
City and State	Zip Code	
County of Residence - Required		<u>CPB use only</u>
by this state agency.	If you change your address a neau. If you have any questions	rial payroll address while you are employed ew Payroll Address Form must be filed with regarding this form please contact Central

CPB/B/OP/0061/11-2001