

## Account Changes

This form is to make changes to your account. Please fill out each section that applies to the changes you are making. Please fax your completed form to the number at the bottom of this page.

### Company Identification (must be completed)

COMPANY LEGAL NAME \_\_\_\_\_ FEIN \_\_\_\_\_  
(FEDERAL EMPLOYER ID NUMBER)

### Current Company Information (Please designate if the new email address is for one specific individual or for all listed contacts.)

CURRENT PHONE NUMBER \_\_\_\_\_ DELETE

NEW PHONE NUMBER \_\_\_\_\_ ADD

CURRENT FAX NUMBER \_\_\_\_\_ DELETE

NEW FAX NUMBER \_\_\_\_\_ ADD

CURRENT EMAIL ADDRESS \_\_\_\_\_ DELETE

NEW EMAIL ADDRESS \_\_\_\_\_ ADD

### Primary Contact Change (One of the first persons contacted in the event of a payroll issue. Does not have access to make any changes to account or payroll information. Only one Primary Contact allowed.)

CURRENT PRIMARY CONTACT \_\_\_\_\_ DELETE

NEW PRIMARY CONTACT \_\_\_\_\_ ADD

### Payroll Administrator Change (Will be the main contact person for your day to day payroll issues and activities. The Payroll Administrator should be someone who actually processes the payroll for your company, who has access to all your payroll information and who can answer questions on the company's behalf regarding details of your company's payroll. Only one Payroll Administrator allowed.)

CURRENT PAYROLL ADMINISTRATOR \_\_\_\_\_ DELETE

NEW PAYROLL ADMINISTRATOR \_\_\_\_\_ ADD

### Payroll Contact Change (Authorized to ask questions about how the payroll service works. No Confidential Information will be given to this person. This person is not allowed to make any account or payroll changes. More than one Contact person allowed.)

CURRENT PAYROLL CONTACT \_\_\_\_\_ DELETE

CURRENT PAYROLL CONTACT \_\_\_\_\_ DELETE

CURRENT PAYROLL CONTACT \_\_\_\_\_ DELETE

NEW PAYROLL CONTACT \_\_\_\_\_ ADD

NEW PAYROLL CONTACT \_\_\_\_\_ ADD

NEW PAYROLL CONTACT \_\_\_\_\_ ADD

This request is only valid with the Primary Principal's signature (the person who signed the Payroll Service Agreement and is authorized to sign contracts). No other signature will be accepted.

\_\_\_\_\_  
PRIMARY PRINCIPAL / PRINTED

\_\_\_\_\_  
PRIMARY PRINCIPAL SIGNATURE

\_\_\_\_\_  
DATE

**FAX 1.858.525.7920**