

Contact 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 Information: (must be completed)

Company Legal Name _____ FEIN _____
(Federal Employer ID Number)

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.)

PAYROLL ADMINISTRATOR _____

EMAIL ADDRESS _____ PHONE NUMBER _____ EXT _____

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.)

PAYROLL CONTACT _____ Add Change Delete

EMAIL ADDRESS _____ PHONE NUMBER _____ EXT _____

PAYROLL CONTACT _____ Add Change Delete

EMAIL ADDRESS _____ PHONE NUMBER _____ EXT _____

PAYROLL CONTACT _____ Add Change Delete

EMAIL ADDRESS _____ PHONE NUMBER _____ EXT _____

General Company Information:

PHONE NUMBER _____ FAX NUMBER _____

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