

Authorized Contact Modification Request Form

Company ID:

Company Name:

Authorized Contact:	ADD	REMOVE	MODIFY
Payroll System User:	ADD	REMOVE	MODIFY
Account Signer/Signature:	ADD	REMOVE	MODIFY

To Remove/Add/Modify an AUTHORIZED CONTACT, please indicate any necessary/required RESTRICTIONS:

NO Restrictions. Contact has Full Access (this includes access to ALL demographics and pay rate data)

Restrictions:

To Remove/Add/Modify a PAYROLL SYSTEM USER, please indicate any necessary/required RESTRICTIONS:

NO Restrictions. User has Full Access (this includes access to ALL demographics and pay rate data)

Restrictions:

For any new or modified ACCOUNT SIGNATURE, please check below and supply wet signature below.

REPLACING current Signature

ADDING signature to checks for FIRST TIME

ADDING to existing signature (2 signatures required)

Please sign with BLACK INK within these lines. ----->

Please DO NOT overlap with border.

For ANY and ALL modification requests (Contact/User/Sig), please supply the following information:

First Name:

Last Name:

Preferred Name/Nickname:

Title:

Work Phone:

Cell Phone:

Email:

Is this person REPLACING the Primary Contact for your company?

Yes

No

Name of Authorized Contact Submitting Request:

Title of Authorized Contact Submitting Request:

Signature of Requesting Authorized Contact:

Date Request Submitted:

Verified by
Processed by

Pay-Net
on
on