



Change of Company Information Form

Please fax the following sheet to Payroll Solutions, (859) 255-7360, if your company has ANY company change that will affect your payroll process. (e.g. new payroll administrator, change of address, change of contact, new phone number, etc.)

Company:
Company ID: (Payroll Solutions assigned 4 digit ID number)
Please note the following changes to: <input type="checkbox"/> Payroll Administrator <input type="checkbox"/> Company Address <input type="checkbox"/> Contact Name <input type="checkbox"/> Phone Number <input type="checkbox"/> Other <input type="checkbox"/> Delivery Address <input type="checkbox"/> Other <input type="checkbox"/> Other
Indicate changes below:

For Office Use Only

- | | |
|---|---|
| <input type="checkbox"/> Change billing
<input type="checkbox"/> Change delivery
<input type="checkbox"/> Change demographics
<input type="checkbox"/> Change delivery address | <input type="checkbox"/> Change bank account
<input type="checkbox"/> Change
<input type="checkbox"/> Change
Processed by: |
|---|---|