

CONTACT AUTHORIZATION FORM

COMPANY INFORMATION

Legal Name	<input type="text"/>	FEIN	<input type="text"/>
Legal Address	<input type="text"/>	Suite/Unit #	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Business Phone	<input type="text"/>	ZIP	<input type="text"/>

PRIMARY PAYROLL CONTACT INFORMATION

Name	<input type="text"/>
Title/Position	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
<input type="checkbox"/> Send Notifications	<input type="checkbox"/> Send Invoices

SECONDARY PAYROLL CONTACT INFORMATION

Name	<input type="text"/>
Title/Position	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
<input type="checkbox"/> Send Notifications	<input type="checkbox"/> Send Invoices

ADDITIONAL PAYROLL CONTACT INFORMATION

Name	<input type="text"/>
Title/Position	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
<input type="checkbox"/> Send Notifications	<input type="checkbox"/> Send Invoices

ADDITIONAL PAYROLL CONTACT INFORMATION

Name	<input type="text"/>
Title/Position	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
<input type="checkbox"/> Send Notifications	<input type="checkbox"/> Send Invoices

Signature:

Name:

Company:

Title:

Date: