



COMPANY CHANGE FORM

1020 James Dr. Suite O ♦ Hartland, WI 53029 ♦ 262-563-5200 ♦ Fax 262-369-2404
5202 Eastpark Blvd. Suite 106 ♦ Madison, WI 53718 ♦ 608-249-5886 ♦ Fax 608-249-5967

Today's Date: _____ Effective Date: _____

Client Name: _____ Client # _____

New Payroll Contact:

Company has Moved (Use address for legal address and delivery of payroll)

Address Change: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

New Delivery Address Only: (Use address for delivery of payroll only)

Address Change: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

New Services: Tax Filing Service (complete **Tax Pay and File Agreement** and **Form 8821** and **Form 2678**)

Direct Deposit (complete **Direct Deposit Agreement** and **Employee Direct Deposit Forms**)

Check Signing/Stuffing (complete **Signature** form)

New Division/Branch/Department:					
Number (Div/BR/Dept)	Name	GL Code	Number (Div/BR/Dept)	Name	GL Code

SUI Rate Changes: (complete only if you don't have copy of rate change from state)

State: _____ Rate: _____ Add'l Rate name: _____ Add'l Rate: _____

State: _____ Rate: _____ Add'l Rate name: _____ Add'l Rate: _____

State: _____ Rate: _____ Add'l Rate name: _____ Add'l Rate: _____

Authorized Signature: _____ **Date:** _____