



ORGANIZATION CONTACT INFORMATION

Have updates? Help us maintain accurate records by providing the following information:

Company Name: _____ **Account #:** _____

Address: _____

Campaign Year: _____ **Number of Employees:** _____

Employee Payroll Billing Contact

Name: _____

Contact Preference: ☐ Email ☐ Phone ☐ Mail

Email: _____

Phone: _____

Billing Address: (if different than above) _____

Billing Preference: ☐ Mail ☐ E-mail

Payroll Payment Reminder Frequency (check one, indicate amount)

☐ None. Payment will automatically be sent.

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Reminder start date: ____ / ____ / ____ (Default date is 1/1 of the new year)

Frequency of Employee Payroll payments:

☐ Monthly ☐ Quarterly ☐ Annually ☐ Paid in full at campaign close

Expect Payments from: ☐ Check ☐ EFT ☐ Credit Card ☐ Other: _____