

Company Address Change Form

Company ID _____ (Required)

Company Name _____ authorizes Fastpay Payroll

Services to change my address to the following:

Effective Date: _____

Authorized Signature: _____

Printed Name: _____

Operations:

Demographics updated: _____

Billing Address updated: _____

Check Address updated: _____

Fed Ex Address updated (if applicable): _____

Sync Stream ACA updated (if applicable): _____

Delivery Report updated (if applicable): _____

Tax Department:

Form 8822-B forwarded to client for completion and filing: _____

FITW Tab Company Name/Address override _____

Date: _____

Requested by:	Completed by:	Date:	Audited by:	Date:
_____	_____	_____	_____	_____