

ACCOUNT CHANGE REQUEST FORM

☐ Change of Name/ A	Address/ Email	te Account
Account Information		
Federal EIN or SSN		
Name		_
Local Address		Local PSD
Contact Phone Number	Contact Email	
Change of Name Only (Federal EIN	must remain the same)	
New Name		_
Change of Address		
New Physical Address Effective Date		
Change of Email Address		
New Contact Email Address		
Terminate Account		
Reason:		
	as of	
Business Closed as of		
Employee Terminated. Date of last pa	ayroll Work PSD _	
Other, please explain		
I declare under the penalties provided by knowledge complete and accurate	law that this form has been examined b	y me and is to the best of my
SIGNED	TITLE	
PRINTED NAME	DATE	

When complete, please fax, email or mail this form using the contact information at the bottom of the page.

Once we process the form, we will contact you if any further information is needed.