

Payroll Client Authorized Contact Information



Fax: 908.479.1889, or email to: payroll@rlpayroll.com

Client Name: _____

Business Address: _____

Primary Authorized Contact: _____

Title: _____

Primary Cell Phone Number: _____

Alternate Phone Number for Primary: _____

Work Phone: _____

Contact Email Address: _____

Names of Additional Individuals Authorized to Conduct ALL Payroll business.

Name: _____

Title: _____

Work Phone & Ext: _____

Cell: _____

Email: _____

Name: _____

Title: _____

Work Phone & Ext: _____

Cell: _____

Email: _____

Primary Authorized Signature

Effective Date of Authorization: _____