

Payroll Client Authorized Contact Information



Please email to: payroll@rlpayroll.com or Fax to (908)-479-1889

Please include **ALL** existing Authorized Contacts along with any new Authorized Contacts. **Only those listed on this form will be considered Authorized, all others will be removed.** Please use a second page if necessary.

Client Name: _____/Client ID: _____

Business Address: _____

Contacts Authorized to Conduct ALL Payroll Business:

New Contact?

1.) Name: _____/Title: _____

Work phone# _____ ext. _____/Cell Phone# _____

Email Address: _____

2.) Name: _____/Title: _____

Work phone# _____ ext. _____/Cell Phone# _____

Email Address: _____

3.) Name: _____/Title: _____

Work phone# _____ ext. _____/Cell Phone# _____

Email Address: _____

4.) Name: _____/Title: _____

Work phone# _____ ext. _____/Cell Phone# _____

Email Address: _____

5.) Name: _____/Title: _____

Work phone# _____ ext. _____/Cell Phone# _____

Email Address: _____

Authorized Signature: _____ **Date:** _____

