



CLIENT CONTACT CHANGE FORM

DATE: _____ CO#: _____ COMPANY NAME: _____

Total Contacts for the Company: _____ PLEASE INCLUDE **ALL** CONTACT(S) FOR YOUR COMPANY

CONTACTS:

Authorization Level: (Check all that apply)

	<u>Employee Information</u>	<u>Company Information</u>	<u>Assign Software User Rights</u>
<u>Company Owner/Executive:</u>			
_____	Full w/ Rates	Full	Yes
Full Name			
_____	Full w/o Rates	Inquiry only	
Title			
Phone: _____ Ext: _____ e-mail: _____	None	None	
Alt Phone : _____ Fax: _____			

Primary Payroll Contact:

_____	Full w/ Rates	Full	Yes
Full Name			
_____	Full w/o Rates	Inquiry only	No
Title / Position and Relationship to Business			
Phone: _____ Ext: _____ e-mail: _____	None	None	
Alt Phone : _____ Fax: _____			

Secondary Payroll Contact:

_____	Full w/ Rates	Full	N/A
Full Name			
_____	Full w/o Rates	Inquiry only	
Title / Position and Relationship to Business			
Phone: _____ Ext: _____ e-mail: _____	None	None	

HR Contact: (Applicable only w/ HR Premium Package)

_____	Full w/ Rates	Full	N/A
Full Name			
_____	Full w/o Rates	Inquiry only	
Title / Position and Relationship to Business			
Phone: _____ Ext: _____ e-mail: _____	None	None	

REMOVE CONTACTS

Inactivate Logins: Evolution Remote evoClock

Name: _____ Effective: _____ User ID: _____

Client Signature – Current Contact _____ Title _____ Date _____

<p>CSR Initials: _____ Date: _____</p> <p>Admin Assistant Initials: _____ Date: _____</p> <p><input type="checkbox"/> e-mail <input type="checkbox"/> Folder <input type="checkbox"/> Screen <input type="checkbox"/> Special Request Form to Processing</p>	<p>PayData Use Only</p> <p>Assigned CSR: _____</p>
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