



I hereby authorize the following people to speak in regards to the account, make employee changes, and submit or process payroll for company (please include all contacts including signer if applicable)

_____.

1. Full Name: _____

2. Full Name: _____

3. Full Name: _____

4. Full Name: _____

5. Full Name: _____

Signature: _____

Title: _____

Date: _____

For payroll deliveries should live checks need to be sent to the work location to distribute to employees, please note if there will be an address different from the legal address from form 8655 or 2848.

Shipping address if different, please mark N/A if this will be the same:

