



CHANGE OF CONTACT INFORMATION FORM

REQUEST TO CHANGE:

Date: _____

- Name
- Address
- Phone Number

Name (on file): _____

New Name: _____

New Street: _____

City, State, Zip: _____

New Number: _____

*Please complete the above form and either fax it to **678.461.6612** or scan and email it to **payroll@selectek.com**. Address changes received by Thursday will take effect the following week. If you would like the address change to take effect later, please let us know. Be sure to update your address with your local post office.*

Signature: _____