



Agency Check Request Form

Please Complete the Information Below:

Client Code: _____ Client Name: _____ Effective Date: _____

Agency Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Fax Number: _____

Primary Contact: _____

Phone: _____ Phone Type: _____

Secondary Contact: _____

Phone: _____ Phone Type: _____

Payment Method: Check

Frequency: Per Payroll Monthly Quarterly Other _____

List the deductions that are to be included on this Agency payment: _____

Notes: _____

Signature: _____ Date: _____

Name: _____ Title: _____

Please Return the Completed Form to your Client Service Representative