

Change of Information



Complete all relevant fields below to change your information.

To change withholdings, payroll exemption information, direct deposit accounts, or to report a change in worker or employer, please complete the appropriate forms found at palcofirst.com.

Required Information			
Current Full Name	ID	Last 4 of SSN/FEIN	
New Name (Attach a copy of your new Social Security card that reflects the name change)			
New <i>Physical</i> Address			
City	State	ZIP Code	County
New <i>Mailing</i> Address (If different than the physical address)			
City	State	ZIP Code	County
New Phone 1		New Phone 2	
New Email Address			

I certify that the above information is true and hold Palco harmless for any incorrect information supplied by me herein.

Employer Signature: _____ **Date:** _____

Please return this form to Palco via email, fax, or mail.

Fax: 1.877.859.8757

Email: accounting@palcofirst.com

Mail: P.O. Box 13260 Maumelle, AR 72113