



AGENCY CHECK REQUEST FORM

1020 James Dr. Suite O ♦ Hartland, WI 53029 ♦ 262-563-5200 ♦ Fax 262-369-2404
5202 Eastpark Blvd. Suite 106 ♦ Madison, WI 53718 ♦ 608-249-5886 ♦ Fax 608-249-5967

Today's Date: _____ Effective Date: _____

Client Name: _____ Client # _____

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: _____