Online Payroll Change Form



Payroll Remittance (Group Bill) ID #:	Date:
Employer Name:	
Section 1: New or Changing Contacts	
Complete only if requesting a change to the contacts on your plan. If a second replacing please let us know by writing "remove" in the name area. NBS uses the website, your email or cell phone is required to receive a pin when logging	multifactor authentication (MFA) to log into
New main contact person (Will be issued login credentials):	
Email Address:	Telephone:
(required)	Cellphone:
	(If electing for MFA pin sent by text)
New Secondary contact person (if needed):	
	m.ll.
Email Address:(required)	Telephone:
Should the secondary contact receive login credentials to the website? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Cellphone:(If electing for MFA pin sent by text)
Section 2: New Bank Information	
Complete only if requesting a change to the bank account used for payment pr	rocessing
Bank Name	
Bank Address	
Bank Routing #: Account	#:
Account Owner:	
☐ Checking or ☐ Savings	
□ Corporate Account or □ Personal Account	
If you notice that you are going to go over the largest anticipated transas possible by either filling out this form (section 3) or emailing us a	
Section 3: Change to Largest Anticipated Transaction Am	ount
Complete to request a change to the largest anticipated transaction amount. transactions that exceed the largest anticipated transaction amount by more approval. Exceeding the largest anticipated transaction amount may delay the	than 25% without first obtaining your explicit
New Largest Anticipated Transaction Amount:	

Section 4: Bank Fraud Filter Information

Please check with your bank regarding any ACH fraud filters you may have on your account. In order for the transaction to be successful you may need to identify Ameriprise Financial and NBS as trusted partners. The company name and company ID which will appear in ACH transactions are **AMERIPRISE/NBS** and **D411667086** respectively.

Section 5: Agreement

- I understand that this Agreement will remain in effect until I provide written notice of cancellation to NBS. I further agree to promptly notify NBS in writing of any changes to the account information contained herein. If the ACH debit request falls on a weekend or holiday, I understand that the payments may be executed on the next business day.
- I acknowledge that I am responsible for the security of the log-in credentials to the web site that NBS
 provides me. I understand that I should notify NBS if my log-in credentials should be terminated or
 revoked for any reason.
- I acknowledge that new bank account information provided in this form will not be put into effect until I
 receive email confirmation from NBS, notifying me that the change has been implemented and that any
 payments made prior to the confirmation will continue to be made from the bank account identified in
 the previously submitted Online Payroll ACH Agreement.
- I authorize NBS to make charges (debit entries) to the bank account on identified on this form to correct any deposits (credit entries) made in error by NBS or the processing bank.
- I certify that I am an authorized person to agree to the terms in this authorization form and to sign for this bank account and, provided the transactions correspond to the terms indicated in this authorization form, I will not dispute the requested transactions.
- I certify that the information provided on this form is true to the best of my knowledge and that I am authorized to agree to these terms.

By signing this agreement, you authorize Ameriprise Financial Services, Inc. (AFSI) and its affiliates to act upon instructions from you to debit or credit the account held at the financial institution named in this Agreement. You agree that this arrangement will remain in effect until you notify NBS, acting as agent, in writing to cancel it; allowing reasonable time to act upon your cancelation. AFSI reserves the right to terminate this arrangement at its discretion.

Authorized Person (please print)	Signature	
Title	Date	
Title	Date	

Instructions

Mail, fax or email (secure email only) this document (both pages) to NBS.

National Benefit Services Data Services PO BOX 219827

Kansas City, MO 64105-1407

Email: PayrollSupport@nbsbenefits.com

Fax: 801-838-7311