



FAX TRANSMITTAL

Date: _____

Fax to: PTP Accounting PTP Tax Department

Fax Number: **(559) 251-2914**

Attention: _____

From: _____

Affiliate Name: _____ Telephone #/Extension: _____

Client Name: _____ Client Number: _____

Response Required: Yes No Urgent:

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ACCOUNTING

Non-Sufficient Funds (NSF) Charge(s):

- Client has been notified - Resolved
- Client has been notified - Not yet resolved

Action required: _____

- Client is aware of PTP charging a handling fee Charge affiliate

Bank Account number change(s):

Effective date: _____

Next Payroll date: _____

- Client is aware of PTP charging a handling fee Charge affiliate

Note 1: Allow 10 days for pre-noting of a new account

Note 2: Attach a voided check from the new account to be debited to a newly executed Deduction Authorization Agreement

Miscellaneous: _____

TAX DEPARTMENT

Client number changed: From _____ To _____

Special handling request for quarter/year end: _____

Adjustment Payroll:

- Additional Run Replace Previous Run
- Charge Client Charge Affiliate

Tax Agency Inquiry (for period(s)/tax type(s) handled by PTP)

Other: _____

Reminder: Client name and client number must be on all documents. Where applicable, client authorization/requests with detailed instructions must accompany this transmittal.