



Print or type in black ink. No erasures, strikeouts or whiteouts permitted. Do not staple pages.

Section A. Requester Contact Information.

First Name	M.I.	Last Name	5 Digit Agency Code	
Mailing Address			<input type="checkbox"/> Main agency mailing address has changed to this address	
City	State	Zip Code	Phone	Fax
Email Address			Agency Name	

Section B. Instructions.

Complete this form to update your agency contacts. Once your contact information has been updated you will be notified. **Please note, new contact information will overwrite the previous contact for that position/role.** You may mail this form to the address below or email the form to OER@nctreasurer.com.

Section C. Primary Payroll Contact (Person or vendor submitting monthly Orbit Report).

First Name	M.I.	Last Name
Title	Company Name (If third party vendor)	
Email Address	Phone	Fax

Section D. Primary Finance Contact.

First Name	M.I.	Last Name	Phone
Title	Email Address		Fax

Section E. Primary Human Resources Contact.

First Name	M.I.	Last Name	Phone
Title	Email Address		Fax

Continue to the next page.

Section F. Form Certification Contact (Limit 2).**Primary Contact**

First Name	M.I.	Last Name	Phone
Title	Email Address		Fax

Secondary Contact

First Name	M.I.	Last Name	Phone
Title	Email Address		Fax

Section G. Information Technology (Payroll Software Development / Updates / Administrator).

First Name	M.I.	Last Name	Phone
Title	Email Address		Fax

Section H. Superuser (Person in charge of User / Password credentials for your agency's Orbit access).

First Name	M.I.	Last Name	Phone
Title	Email Address		Fax

Continue to the next page.

Section I. Additional Authorized Agency Contact Changes.

Remove Contact

1.	First Name	M.I.	Last Name
2.	First Name	M.I.	Last Name
3.	First Name	M.I.	Last Name

Add Contact

1.	First Name	M.I.	Last Name	Phone
	Title		Email Address	Fax
2.	First Name	M.I.	Last Name	Phone
	Title		Email Address	Fax
3.	First Name	M.I.	Last Name	Phone
	Title		Email Address	Fax
4.	First Name	M.I.	Last Name	Phone
	Title		Email Address	Fax

Section J. Change Authorization.

Employer Certification: Please authorize these changes with your Signature, Date, Agency Number & contact information. Incomplete Forms cannot be processed. Completed Forms may be emailed to Orbit Employer Reporting OER@nctreasurer.com

Employer Contact Signature _____ Date _____

Contact First Name	Contact Last Name	5 Digit Agency Number
Employer / Agency	Contact Position Title	
Email Address	Phone	Fax

Submit the completed form by mail or email.