



Form CONCHG Employer Contact Update Request

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

Section A. Requester Contact Information.										
First Name	е			I. Last Name					5 Digit Agency Code	
Mailing Address								Main agency mailing address has changed to this address		
City		State	State 2		de		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	ast Name			
Title Company Name (If third party vendor)										
Email Address Phone								Fax		
Section D. Primary Finance Contact.										
First Name	e M.I. Last N				st Name				Phone	
Title Email Add					Address				Fax	
Section E. Primary Human Resources Contact.										
First Name		M.I. Last Na						Phone		
Title	Email Address								Fax	

Section F. Form Certification Contact (Limit 2).								
Primary Contact								
First Name		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					

Section I. Additional Authorized Agency Contact Changes.									
Remove Contact									
1.	First Name			M.I.	Last Name				
2.	First Name				M.I.	Las	Last Name		
3.	First Name	ne			M.I.	Last Name			
Add Contact									
1.	First Name		M.I.	I. Last Name				Phone	
	Title		E	mail Addre	∋ss			Fax	
2.	First Name		M.I.	Last Name Email Address				Phone	
	Title		E					Fax	
3.	First Name		M.I.	Last Name				Phone	
	Title		E	mail Addre	∋ss			Fax	
4.	First Name		M.I.	Last Nan	ne			Phone	
	Title	,	Email Addr					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									
Emp	loyer Contact	Signature					Date		
Contact First Name			Cor	Contact Last Name				5 Digit Agency Number	
Employer / Agency				Contact Position Title			Contact Position Title		
Email Address							Phone	Fax	