

# 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 secondary contact needs to be removed without replacing please let us know by writing "remove" in the name area.*

New main contact person (Will be issued login credentials): \_\_\_\_\_

Email Address: \_\_\_\_\_  
(required)

Telephone: \_\_\_\_\_

New Secondary contact person (if needed): \_\_\_\_\_

Email Address: \_\_\_\_\_  
(required)

Telephone: \_\_\_\_\_

Should the secondary contact receive login credentials to the website?  Yes  No

## Section 2: New Bank Information

*Complete only if requesting a change to the bank account used for payment processing*

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 transaction amount please notify us as soon as possible by either filling out this form (section 3) or emailing us at [payrollsupport@nbsbenefits.com](mailto:payrollsupport@nbsbenefits.com).**

## Section 3: Change to Largest Anticipated Transaction Amount

*Complete to request a change to the largest anticipated transaction amount. National Benefit Services (NBS) will not process transactions that exceed the largest anticipated transaction amount by more than 25% without first obtaining your explicit approval. Exceeding the largest anticipated transaction amount may delay the processing of the online transaction.*

New Largest Anticipated Transaction Amount: \_\_\_\_\_

## Section 4: Bank Fraud Filter Information

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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

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- 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 cancellation. AFSI reserves the right to terminate this arrangement at its discretion.

_____	_____
Authorized Person (please print)	Signature
_____	_____
Title	Date

## Instructions

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

National Benefit Services  
Attn: Ameriprise Team  
8523 S. Redwood Road  
West Jordan, UT 84088

Email: [PayrollSupport@nbsbenefits.com](mailto:PayrollSupport@nbsbenefits.com)  
Fax: 801-838-7311