



# FIRST FINANCIAL

EMPLOYEE LEASING, INC.

Client Information

Change

### Client Information

Client Name:	
Client Number:	Contact Name:
Change Effective Date:	

### Type of Change

Mailing Address	Company Name Change
Phone Number	Federal ID Number
Fax Number	Code Addition/Deletion
Contact Name	Pay Frequency

### Mailing Address

Street Address:	Unit/Apt:	
City:	State:	Zip Code:

### Phone Number

Phone:
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### Fax Number

Fax:
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### Company Name Change

Old Company Name:
New Company Name:

### Federal ID Number

Old FEIN:	New FEIN:
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### Code Addition/Deletion

New Code(s):
Estimated Annual Payroll:
Number of Employees:
Comments:

### Pay Frequency

Current:	Weekly	Bi-weekly	Semi-monthly
Revised:	Weekly	Bi-weekly	Semi-monthly

### FFEL USE ONLY

Submitted by:	Processed by:
Date:	Date: