PAYROLL PRACTITIONER AUTHORIZATION FORM

Submit completed form to ACC Payroll Dept.
E-mail: adppayroll@la-archdiocese.org or Fax: (213) 637-6544
Requests for changes to contacts must be sumitted by an Authorized person

Pay Group _____ Location# _____ Date Requested _____

Required: Person requesting Changes or Authorization must be a Pastor, Priest Administrator or Principal

Authorized Contact Requesting Change Information:

Please Print

Name: _____

Title: _____
ex.Pastor, Priest Administrator, Principal

Phone Number: _____

ACES E-mail Address: _____

Signature: _____

Payroll Practitioner - circle one: Add Change Remove

NOTE: Enter the First and Last Name exactly as they appear in Payroll records.

Name: _____ Title: _____

Location Name: _____ Phone Number: _____

ACES E-mail Address: _____ Fax Number: _____

Effective Date**: Allow at least 72 Hrs.

Instructions

Use this form to:

* *Set up a new Contact that needs access to your ADP-Vantage Applications*
* *Remove or Delete a Contact*
* *For Multiple Contact Changes, submit a separate request for each person*
* *Only two authorized persons allowed*

For Payroll Use Only

Date Received: _____ Name: _____

Processed date: _____