



**Agency Contact Update Request**

**CONTACT INFORMATION:**

Please provide the correct contact information below as indicated.

<b>Agency Name:</b>	<b>Contact Name:</b>
<b>Phone Number:</b>	<b>Overnight Mailing Address:</b>
<b>Email Address:</b>	
<b>Fax Number:</b>	

**INVOICE RECEIPT:**

Please indicate your preferred method for receiving invoices by placing an "X" next to your choice, along with the correct address (email or mail) for sending.

<b>Email:</b>	<b>Email Address:</b>
<b>Mail:</b>	<b>Mailing Address:</b>

**PAYMENT TRANSMISSION:**

Please indicate your preferred method for sending payment by placing an "X" next to your choice. The Prompt Payment Act states all invoices must be paid within 30 days of receipt.

<b>Wire Payment:</b>
<b>ACH Payment:</b>
<b>Check:</b>

**DETAIL FORMAT:**

Please indicate your preferred method for receiving the detail that accompanies your invoice by placing an "X" next to your choice.

<b>Encrypted CD:</b>
<b>Secure Email:</b>
<b>Paper:</b>

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*If sent via email, the "from" address will serve as the signature.*

**Please return at your earliest convenience via:**

**Email:** [FSAFEDS-billing@shps.com](mailto:FSAFEDS-billing@shps.com)  
**Fax :** 502-420-5598  
**Mail:** SHPS/FSAFEDS Program  
Attention : Rhonda Payne  
9200 Shelbyville Road, 2nd Floor  
Louisville KY 40222