



Billing Contact Request Form

Contact Information

Please provide the correct contact information below.

Agency Name:	Contact Name:
Phone Number:	Fax Number:
Email Address:	
Overnight Mailing Address:	

Invoice Receipt

Please select how you want to receive invoices and include either your email or mailing address.

Email Address _____

Mailing Address _____

Payment Transmission

Choose how you want us to send a payment to you. *The Prompt Payment Act states all invoices must be paid within 30 days of receipt.*

Wire Payment **ACH Payment** **Check**

Detail Format

Select your preferred method for receiving the detail that accompanies your invoice.

Secure Email **Paper**

<p>_____ Signature <i>If sent via email, the "From" address will serve as the signature.</i></p>	<p>_____ Date</p>
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**Please return
at your earliest
convenience to:**

- **Mailing Address:** WageWorks, Attn: Shared Services,
1850 W. Rio Salado Parkway, Ste. 101, Tempe, AZ 85281
- **Toll-free Fax:** 866-643-2245
- **Email:** fsafedsbilling@wageworks.com