

Amcat Accounting Information Sheet

ALL CHECKS WILL BE ISSUED AND MAILED BASED ON THE INFORMATION YOU PROVIDE BELOW. MAKE SURE THE INFORMATION YOU PROVIDE IS CURRENT!

_____ Check here if the mailing address below is a change of address.

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____

Do you want to be paid as an INDIVIDUAL _____ or as a BUSINESS _____

NOTE: If you wish to be paid as a business you MUST have a Federal Tax ID Number.

Business Name: _____ Federal Tax ID # _____

MAILING Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Alt. Phone _____

Cell Phone: _____ FAX Number: _____

Personal Email Address: _____

Important Note: If ANY of the above information changes in the future you must notify Amcat's HR Department so that our records are up to date. Failing to do so may result in delay in payment for your services as an independent adjuster. **Email changes to:** hr@amcatusa.com

For Official Amcat HR use only

Amcat Adjuster Number: