



**Willow Cherry Computer Solutions, LLC  
PAPER CHECK REQUEST FORM**

**NOTICE:** Contractors are able to begin direct deposit or update existing direct deposit information by completing and sending this form to Human Resource by e-mail to [hr@wcccomputersolutions.com](mailto:hr@wcccomputersolutions.com) or by fax to 720-269-8966.

Please fill out the form as soon as possible to ensure timely processing.

Name:		Today's Date:	
Daytime Phone:		Note: The ability to begin on the above day will be determined by my HR Administrator based on the date of this request and the current Operations Calendar and/or Starmatic schedule.	
Company Name:	<b>Willow Cherry Computer Solutions, LLC</b>		

- PLEASE SELECT ONE OF THE FOLLOWING ACTIONS (only ONE per request):**
- I am a new contractor ENROLLING to receive a paper check by mail.  
(Effective date should be date of first SOW schedule in Starmatic.)
  
  - I currently receive direct deposit and wish to ENROLL in paper check by mail.
  
  - I am currently enrolled in paper check by mail and wish to CHANGE my account information.  
(Check the appropriate update box below and list only the NEW information for the account to be changed below.)
  
  - I am currently enrolled in direct deposit or PayPal and wish to revert back to receiving a paper pay check.

**MAILING ADDRESS**

Address Line 1	
Address Line 2	
City	
State	
Zip Code	

I understand that by selecting paper check by mail I will receive any and all payments by paper check via USPS First Class Mail to the address listed above until I submit another request to change my preferred payment method.  
I understand that I can only choose one payment method at a time.  
I understand it could take up to three business days to receive my paper check after it has been mailed from the office.

By signing below I authorize and request the above-indicated action to be taken with regard to my paycheck. This authorization revokes all prior notifications as to my net pay. I understand that if I move or change addressees I will update my address information with a new form as soon as possible to ensure no delay in payments. In addition, I certify that I have confirmed the above account/address information is correct.

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY HR ADMINISTRATOR:**

Date Entered: \_\_\_\_\_ / Entered By: \_\_\_\_\_ Effective Date of account action (based on request date and WCCS Operations Calendar): \_\_\_\_\_

Notification of completion and action effective date has been relayed to contractor.