



# Billing Contact Request Form

## Contact Information

Please provide the correct contact information below.

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

## 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.

**Encrypted CD**     **Secure Email**     **Paper**

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

- **Mailing Address:** FSAFEDS Program, P.O. Box 14127 Lexington, KY 40512-4127
- **Toll-free Fax:** 866-643-2245
- **Email:** [fsafedsbilling@wageworks.com](mailto:fsafedsbilling@wageworks.com)