



# Background Actors - Address Change Form

Please complete all applicable fields.

Full Legal Name: \_\_\_\_\_

Last 4 Digits of SSN: XXX - XX - \_\_\_\_\_

## NEW Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**This check box must be checked for this form to be effective. By signing and submitting this form, I understand the address change I submit using this form results in all future correspondence such as paychecks and W-2 forms to be sent to the new address. I further understand that it may take up to 72 hours to update my address after EP receives this form, which may cause my paychecks and other correspondence to go to my old address until the address is updated in the computer system.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return the completed and signed form to EP Payment Support by email at [CPInquiries@ep.com](mailto:CPInquiries@ep.com).