**I want to change my Administrator**

*Please fill in as much information as possible. The more information we have the quicker your request can be completed.*

*Thanks!*

*WorkWell Support*

 [ ] I’m replacing with a new administrator

 [ ] I’m modifying my current administrator’s information

**Account Name:** Click or tap here to enter text.

**Company ID:** Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Prior Administrator’s Username** | **Prior Administrator’s First Name** | **Prior Administrator’s Last Name** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Prior Administrator’s Email** | **Prior Administrator’s Phone #** |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **New Administrator’s Username** | **New Administrator’s First Name** | **New Administrator’s Last Name** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **New Administrator’s Email** | **New Administrator’s Phone #** |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Verification of Account Ownership**

[ ] I can provide the last 4 digits of the credit card on file. Click or tap here to enter text.

**or**

[ ] I can receive email at the billing email address on file: Click or tap here to enter text.

 **or**

[ ] Send a letter on company letterhead stating the change of administrator. Have business owner/director sign.

**Requestors name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Send this form and any supporting documents to support@workwelltech.com**