



TRANSFER/SUBSTITUTION FORM

ORIGINAL ORDER INFORMATION: (please print)

PayrollOrg ID (if known): _____

Name: _____

Course/Product Code: _____

Location (if applicable): _____

Order # (if known): _____

Check one:

- ☐ Substitution (Original Participant Unable to Attend)
- ☐ Transfer to Materials Only
- ☐ Transfer to Another Publication and Return Original Order
- ☐ Transfer to Another Course/Product/Location

Please note: Applicable fees, taxes, and cost differences will be charged for each option, per our policies.

Must be checked for processing:

- ☐ I have read and understand the policies found at payroll.org/policies.

TRANSFER/SUBSTITUTION INFORMATION: (please print)

Transfer/Substitute to:

Course/Product Code: _____

Location: _____

Or

Publication/Product Code: _____

Please complete below if different from original purchaser:

Substitute/Transfer to PayrollOrg ID: _____

Name: _____

Title: _____

Company/Organization: _____

Street Address: _____

State/Province: _____ Country: _____

Zip +4-Digit Postal Code: _____ + _____

Phone: _____ Fax: _____
(Area/Country Code) (Area/Country Code)

Email: _____

(For official PayrollOrg communications)

PAYMENT INFORMATION:

☐ If paying by **CREDIT CARD** using this form, email to CustomerService@Payroll.org.

I authorize the API Fund for Payroll Education, Inc. to charge my:

☐ American Express ☐ Discover ☐ Mastercard ☐ Visa

Card is: (check one): ☐ Corporate ☐ Personal

Card #: _____ Exp. Date: _____ CVV Code: _____

Name on Credit Card: _____

Signature of Cardholder: _____

☐ If paying by **CHECK**, send this form and make all checks payable to:

API Fund for Payroll Education, Inc.
c/o PayrollOrg
660 N. Main Ave, Ste. 100
San Antonio, TX 78205-1217 USA

☐ If the transfer/substitution creates a credit on your account, please indicate if you would like to:

☐ leave as credit on account ☐ have refund issued to original form of payment (if eligible)

For Office Use Only:

Sent By: _____ Sent Date: _____ Received By: _____ Received Date: _____

☐ Credit on PayrollOrg Account ☐ Refund

Order ID: _____ Date: _____ Payment Type: _____ C/P: _____ Last 4 CC#: _____ Exp: _____ Total US\$: _____

Rev. 05/2023