HART
Housing Agency Retirement Trust

HART/ADP Retirement Services **Agency Contact Form**

I. Agency Information – Housing Agency Retirement Trust

Plan Number: **598__ __ __**

Agency Name: _____

Agency Address: _____

City, State, Zip Code: _____

II. Contact Information - Required

Complete this form to help us keep your agency information up to date.

1. Executive Director Name: _____

Email Address: _____

Phone Number: _____
(No Dashes)

2. Contributions Spreadsheet Contact Name: _____

Email Address: _____

Phone Number: _____
(No Dashes)

3. Daily Contact Name: _____

Email Address: _____

Phone Number: _____
(No Dashes)

III. Acknowledge and Signature

Authorized Agency Signature *(Executive Contact)* _____ Date _____

Please keep the original copy and email to: ADPRS.eforms@adp.com

Housing Agency Retirement Trust
PO Box 22669
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Phone: 1-800-798-2044