



Bank Change Request Form

Please return this completed form to your representative.
 (Allow 2-3 business days for your request to be completed.)

MERCHANT INFORMATION	
MERCHANT ID:	ADDRESS:
DBA NAME:	CITY:
CONTACT NAME:	STATE:
PHONE:	ZIP CODE (+4):

AGREEMENT

MERCHANT desires to effect settlement of credits and debits from the below DESIGNATED ACCOUNT by means of ACH and/ or wire transfer in conjunction with the processing of credit SALES transactions as anticipated by AGREEMENT. In accordance with this desire, MERCHANT authorizes BANK to initiate debit and credit entries to the DESIGNATED ACCOUNT and/or DEPOSITORY ACCOUNT (the details of which are set out below). MERCHANT agrees to maintain sufficient funds in DESIGNATED ACCOUNT to cover debit transactions. By signing this authorization, MERCHANT states that it has authority to agree to such transactions and that the DEPOSITORY ACCOUNT indicated is valid and legitimate account for the handling of these transactions. This authority is to remain in effect until BANK receives written notice from MERCHANT revoking it. This authorization is for the payment of SALES, returns and FEES, CHARGEBACKS, or any other sums owed between the PARTIES. MERCHANT also certifies that the appropriate authorizations are in place to allow MERCHANT to authorize this method of settlement. All changes to the identification of the DEPOSITORY ACCOUNT under this authorization must be made in writing in accordance with AGREEMENT. MERCHANT understands that if the information supplied as to the ABA Routing Number and Account Number of the DEPOSITORY ACCOUNT is incorrect, and funds are incorrectly deposited, BANK will attempt to assist MERCHANT in the recovery of such funds but has no liability as to restitution of the same. BANK assistance in recovering the funds, where available, will be billed to MERCHANT at BANK current hourly rate for such work. ***As referenced in Merchant Agreement, Section 2.11 (c) a \$10.00 per occurrence for maintenance activities including but not limited to DDA changes will be assessed.**

Read this section carefully

- ***Affix voided bank instrument***** (i.e. preprinted check – NOT A DEPOSIT SLIP) here with tape. Instrument must bear ABA routing number and account number. A letter from your bank on bank letterhead signed by a bank representative stating routing and account number can be used in lieu of a preprinted check if necessary.
- Some instruments are not printed with the correct information for electronic transfers. If you are unsure your checks are printed with correct information for electronic transfers, please verify with your bank that the routing and account number accepts ACH debits and credits.
- Complete the ACH DETAILS section (the shaded section of this form) in full. Incomplete forms will cause delays in the processing of your request.
- Sign and date this form. Sole Proprietors must be signed by the owner. All other legal entities can be signed by any corporate officer, however, if the officer differs from the original signer on the account, a corporate resolution must be sent with this document or the request will not be processed. The form can be faxed or mailed to the address at the bottom of the form.
- We do not process Depository Account changes for third parties (i.e. AMEX, Leasing Company, Gift Cards, Check Service, etc).

ACH DETAILS

In accordance with the terms set out above transfer funds to/from the account set out below (Unless specified, in case of discrepancy the Data on the instrument above will be assumed to be correct):

Valid for ACH (Check One):
 Is the bank instrument attached to this agreement printed correctly for ACH? Yes No

Account Type (Check One): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name on the Account:
ABA Routing Number:	Account Number:

_____ Signature of Authorized Signer	_____ Signer's Title
_____ Authorized Signer (printed)	_____ Date