



Change Request Merchant Processing Amendment

The following form must be completed for changes to existing merchant accounts. Please note that any Change of Ownership requests must be accompanied by a NEW Merchant Application or a Sales Lead Form.

Merchant Identification Number	Doing Business As (DBA) Name	Merchant Email Address

Merchant Information Revisions

Doing Business As (DBA) Name	Telephone Number	Fax Number	
Business Street Address	City	State	ZIP Code
Legal Business Name (if different from above)	Taxpayer Identification Number	Contact Email Address	
Billing Street Address (if different from above)	City	State	ZIP Code

Bank Account Revisions*

Name on Bank Account	Transit (ABA Routing) Number	Account Number (Credits & Debits)
Name on Bank Account (Debits only, if applicable)	Transit (ABA Routing) Number (Debits Only)	Account Number (Debits Only)

Please include a voided check for the new DDA⁽¹⁾ showing the new Transit Routing and DDA⁽¹⁾ numbers associated with your updated account information and a copy of a valid photo ID.

I agree to and understand that this change will take 1-2 business days after receipt of this request by the Processor. During this time, the existing DDA⁽¹⁾ on file will remain open to prevent deposits and associated fees from being rejected.

☐ I understand that if I accept American Express credit cards, and I am being compensated by American Express directly, I must contact American Express at 800-528-5200 to request a DDA⁽¹⁾ change for my merchant account.

☐ I have ACHeck21 services on my account

☐ I have Clover services on my account

Please hold my funds until the DDA⁽¹⁾ change is complete: ☐ Yes ☐ No

1. Demand Deposit Account

MERCHANT VERIFICATION - Same signature as the Merchant Application Agreement

I confirm that the information in this Amendment is true and correct to the best of my knowledge. I agree to the requested account changes and authorize a \$35.00 programming fee, which will be automatically debited from the new bank account provided.

SIGN		Name:	Date:
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