

# 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Merchant Information Revisions

Doing Business As (DBA) Name	Telephone Number	Fax Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Street Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal Business Name (if different from above)	Taxpayer Identification Number	Contact Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Billing Street Address (if different from above)	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Bank Account Revisions\*

Name on Bank Account	Transit (ABA Routing) Number	Account Number (Credits & Debits)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name on Bank Account (Debits only, if applicable)	Transit (ABA Routing) Number (Debits Only)	Account Number (Debits Only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please include a voided check for the new DDA showing the new Transit Routing and DDA 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 to process. During this time, the existing DDA 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 change for my merchant account.

Please hold my funds until the DDA change is complete:    Yes    No

Please initial to confirm selection and your understanding that debit card sales cannot be held.

Initial here

## MERCHANT VERIFICATION - Same signature as the Merchant Application Agreement

I certify the information in this Amendment is true and correct to the best of my knowledge

	<input type="text"/>	Name: <input type="text"/>	Date: <input type="text"/>
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