# **BANK ACCOUNT CHANGE REQUEST FORM**

## MERCHANT ACCOUNT INFORMATION

#### DATE:

### MERCHANT ID NUMBER:

## ACCOUNT OWNER'S NAME:

If there is new ownership a new merchant account is required

#### BUSINESS NAME:

If there is a change to the Legal Entity Name on file a new merchant account is required.

#### BUSINESS ADDRESS:

If this address; Matches what is on file, check here \_\_\_\_\_ Is a change from the Legal Entity address on file, check here \_\_\_\_\_ Is a change from the Location (DBA) address on file, check here \_\_\_\_\_\_

## PHONE NUMBER:

NEW BANK/ROUTING INFORMATION (please enter full routing & account number)

| FUNDING ACCOUNT (Fiserv or TSYS) | BILLING ACCOUNT (TSYS Only) |
|----------------------------------|-----------------------------|
| BANK NAME:                       | BANK NAME:                  |
| ROUTING NUMBER:                  | ROUTING NUMBER:             |
| ACCOUNT NUMBER:                  | ACCOUNT NUMBER:             |

VALIDATION DOCUMENTS PROVIDED (please select from options noted below)

**BANK LETTER** 

SUBMISSION.

#### \_ PRE-PRINTED VOIDED CHECK

STARTER OR TEMPORARY CHECKS ARE NOT ACCEPTABLE. DIRECT DEPOSIT AUTHORIZATION FORMS AND/OR BANK APPLICATIONS WILL NOT BE ACCEPTED.

#### MUST BE ON THE BANK'S LETTERHEAD, WITH YOUR BUSINESS NAME AND ADDRESS LISTED ALONG WITH THE OWNER'S FULL NAME AND THE NEW BANK ACCOUNT AND ROUTING NUMBERS. THE LETTER MUST BE SIGNED BY A BANK OFFICER AND DATED WITHIN 90 DAYS OF YOUR BANK ACCOUNT CHANGE REQUEST

## BANK STATEMENT

MUST BE THE ORIGINAL PDF COPY OF THE BANK STATEMENT INCLUDING ALL PAGES, DISPLAYING AT LEAST THE TRUNCATED ACCOUNT NUMBER, DATED WITHIN 90 DAYS OF YOUR BANK ACCOUNT CHANGE REQUEST SUBMISSION. PICTURES OF BANK STATEMENTS WILL NOT BE ACCEPTED. SCREENSHOTS FROM ONLINE BANKING WILL NOT BE ACCEPTED.

## **MERCHANT OWNER'S AUTHORIZATION & SIGNATURE**

PURSUANT TO THE TERMS OF THE MERCHANT PROCESSING APPLICATION AND AGREEMENT WHICH INCLUDES THE MERCHANT SERVICES PROGRAM GUIDE ("CLIENT AGREEMENT"), I/WE HEREBY AUTHORIZE PRIORITY PAYMENT SYSTEMS LLC TO INITIATE DEBIT AND CREDIT ENTRIES AND ADJUSTMENTS TO MY/OUR CHECKING/SAVINGS ACCOUNT, LISTED ABOVE, AS ALLOWED UNDER THE CLIENT AGREEMENT AND ANY OTHER AGREEMENT(S) WITH OUR AFFILIATES FOR RELATIVE SERVICES, AS WELL AS ANY ENTRIES IN ERROR. I ALSO AUTHORIZE THE ABOVE-LISTED FINANCIAL INSTITUTION TO EFFECT THIS AUTHORIZATION UNTIL I/WE HAVE GIVEN WRITTEN NOTICE TO IT THAT ALL MONIES DUE UNDER THE CLIENT AGREEMENT AND UNDER ANY OTHER AGREEMENT(S) WITH US AND OUR AFFILIATES FOR ANY RELATED SERVICES HAVE BEEN PAID IN FULL.

I (MERCHANT) AGREE, BY MY SIGNATURE BELOW, TO THE ABOVE CHANGES AND I FURTHER AGREE TO THESE CHANGES WITH REGARDS TO PROGRAMMING. I HAVE ENCLOSED A PRE-PRINTED VOIDED CHECK, BANK LETTER, OR BANK STATEMENT FROM THE NEW BANK ACCOUNT.

MERCHANT OWNER'S SIGNATURE: