

MERCHANT SERVICES DDA CHANGE REQUEST

Please complete all of the following information to change the designated checking account for your business. Please note this change will **NOT** affect your AMEX/Discover deposits. Please contact your merchant services representative directly to request that change. Be sure to attach either a copy of a voided check for the account you wish for deposits/withdrawals to occur in, or a confirmation letter from your bank with the routing number, account number and name of the business. No starter checks or deposits will be processed. ***Any incomplete requests will not be processed.***

Today's Date: _____

Business Name (*Legal or DBA*): _____

Merchant ID Number(s): _____

Current Designated Checking Account:

Routing #: _____

Acct. #: _____

New Designated Checking Account:

Routing #: _____

Acct. #: _____

Service Invoice Fees will come out of the deposit DDA unless this box is checked:

Service Invoice Fees Checking Account:

Please complete and attach a voided check if Opting-Out of having Service Fees withdrawn from

Routing #: _____ Acct. #: _____

Requested Effective Date of Change _____/_____/____

(NOTE: Please Allow 72 Hours For Deposit Changes and 1 Billing Cycle For Statement/In

Please check the type(s) of merchant account activity you want to be affected

	<u>DEPOSITS:</u>	<u>FEES:</u>
Visa & MasterCard	<input type="checkbox"/>	<input type="checkbox"/>
Merchant Billing Statement	<input type="checkbox"/>	<input type="checkbox"/>
Debit	<input type="checkbox"/>	<input type="checkbox"/>
POS Check	<input type="checkbox"/>	<input type="checkbox"/>
Premier Issue Gift Card	<input type="checkbox"/>	<input type="checkbox"/>
Lease Fees*	<input type="checkbox"/>	<input type="checkbox"/>

*Lease Payment change requests will be forwarded to Lease Provider. If you have any questions Lease please contact Lease Provider.

Guarantor Signature: **X** _____

Print Name: _____

Title: _____

Contact E-Mail Address: _____

Authorized Signe

r X _____

Fax #: (_____) _____ - _____

Telephone #: (_____) _____ - _____

FAX Request to

New Designated Checking Account

(Please do not attach above this line. Thank you.)

New Designated Checking Account

AFFIX VOIDED CHECK HERE

A DEPOSIT SLIP OR STARTER CHECK CANNOT BE ACCEPTED

(See above if you do not yet have printed checks for this account)

Service Invoice Fees Checking Account

(Please do not attach above this line. Thank you.)

Service Invoice Fees Checking Account
(if Opted Out)

AFFIX VOIDED CHECK HERE

A DEPOSIT SLIP OR STARTER CHECK CANNOT BE ACCEPTED

(See above if you do not yet have printed checks for this account)

NOTICE – IN PLACE OF THE ABOVE:

A BANK LETTER VALIDATING THE BANK ACCOUNT INFORMATION, ON LETTERHEAD, AND SIGNED IS ALSO ACCEPTABLE.