

## MERCHANT SERVICES DDA CHANGE REQUEST

Please complete all of the following information to change the designated checking account for the indicated business. Please note this change will **NOT** affect your AMEX/Discover deposits. Please contact AMEX/Discover directly to request that change. Be sure to attach either a copy of a voided check from the account for the DDA you wish for deposits/withdrawals to occur in, or a confirmation letter from your bank, on bank letterhead, with your routing number, account number and name of the business. No starter checks or deposit slips may be accepted. **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*Please complete and attach a voided check if Opting-Out of having Service Fees withdrawn from the new checking account*

Routing #: \_\_\_\_\_ Acct. #: \_\_\_\_\_

**Requested Effective Date of Change** \_\_\_\_/\_\_\_\_/\_\_\_\_

*(NOTE: Please Allow 72 Hours For Deposit Changes and 1 Billing Cycle For Statement/Invoice Changes.)*

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

	<b><u>DEPOSITS:</u></b>	<b><u>FEES:</u></b>
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"/>

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

Guarantor Signature: **X** \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Authorized Signer 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.