

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Please complete and attach a voided check if Opting-Out of having Service Fees withdrawn from the new checking account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:

	<u>DEPOSITS:</u>	<u>FEEES:</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 regarding change request or Lease please contact Lease Provider.*

Guarantor Signature: **X** _____

Print Name: _____

Title: _____

Contact E-Mail Address: _____

Authorized Signer **X** _____

Fax #: (_____) - _____

Telephone #: (_____) - _____

FAX Request to

NOTICE – IN PLACE OF THE ABOVE:

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